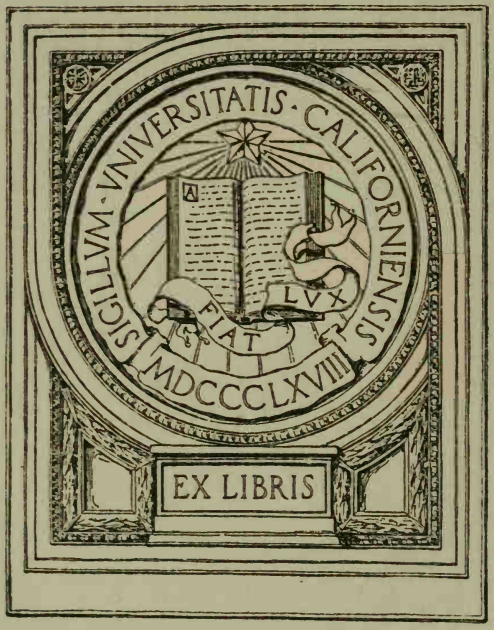
MEDICAL SCHOOL
LIBRARY



Gift of
Funk and Wagnalls Co.

THE FIRST SIGNS OF INSANITY

THE FIRST SIGNS OF INSANITY

THEIR PREVENTION AND TREATMENT

BY

BERNARD HOLLANDER, M.D.

AUTHOR OF
"THE MENTAL FUNCTIONS OF THE BRAIN," "SCIENTIFIC PHRENOLOGY,"
"HYPNOTISM AND SUGGESTION," "THE MENTAL SYMPTOMS
OF BRAIN DISEASE," ETC.

FUNK & WAGNALLS COMPANY
NEW YORK
1913

LIBRARY OF CONGRESS
MEDICAL BOOK

PRINTED BY
HAZELL, WATSON AND VINEY, LD.,
LONDON AND AYLESBURY,
ENGLAND.

UNIV OF CALIF
MEDICAL SCHOOL

RC 602
H73
1913

PREFACE

THERE are many excellent text-books on Insanity, but nearly all deal with the subject from the standpoint of the *Asylum Superintendent*, whose experience is chiefly with the *advanced* stages of the disease. This book has been written from a different point of view. It is the work of a physician who has made a special study of the signs and symptoms of the *early* phases of mental disorder, and their successful treatment. He contends that, although our asylums are model institutions, admirably conducted, and absolutely indispensable, yet, since nowadays we diagnose very mild and harmless cases, we require in addition to such institutions other facilities for treatment. In his opinion it is essential to the recovery of the patient that his treatment should not be delayed until he can be "certified" for an asylum, but *should commence as soon as symptoms of mental disorder manifest themselves*, and that such treatment must be *individual*, either in private care, or in an observation ward, or reception hospital.

The author's aim is to point out to all interested in the subject, whether medical practitioner, psychologist, sociologist, or general student, the fine distinctions between the normal and abnormal mind, rational and unsound thought, healthy and perverted feelings, and responsible and irresponsible conduct. For this purpose he has endeavoured to give—in Part I of the book—a description of the various mental powers which make up our mind and character, and showing their activity; first of all under *normal* circumstances and secondly under the influence of *disease*. This description of normal and abnormal mental activity is so arranged as to

1177

make the early manifestations of insanity easy to diagnose and therefore more accessible to treatment.

In Part II the author discusses the various causes of Insanity, including hereditary disposition, mental and moral causes, inebriety, toxines, etc. The problem of heredity, the drink problem, and the other questions involved in the causation of mental derangement are discussed from a common-sense point of view and from the author's own experience.

The author deals next—in Part III—with the prevention and treatment of mental infirmity and disease. He describes :

1. The precautionary methods that should be adopted by individuals in whose family there is a neurotic taint ; and the methods of upbringing, of education, and of conduct in life that should be avoided where a man is handicapped by a bad heredity to unsoundness of mind or nervous disease.
2. The methods to be adopted by municipalities, whose business it is to make provision for the ever-increasing mass of insane and feeble-minded.
3. He discusses the value of the various measures which have been proposed for the improvement of the race, such as : restriction of marriage, sterilisation of the unfit, and the segregation of the incurable insane and feeble-minded in industrial colonies.

In Part IV the author gives a detailed description of the signs and symptoms of the various forms of insanity and weak-mindedness, which should prove of value to the medical practitioner and general student.

Lawyers will be interested in those forms of insanity in which there is a loss of control over the passions and conduct while the reasoning power as well as the judgment of what is right and wrong are preserved, rendering it difficult to distinguish between folly and iniquity, insanity and crime. The classification of the criminal tendencies of the insane (Chapter XXVII) should prove of practical value to them and to medical experts in determining whether a prisoner is insane and what is the particular variety of mental disorder from which he is suffering.

Since the subject is one likely to appeal not merely to medical men, but to a wide circle of readers, the author has endeavoured to express himself in popular language, and has avoided so far as possible such technical matters as are still subject to dispute amongst lunacy experts, his chief aim being to create a book of genuine practical utility.

As the work is one dealing with perhaps the most far-reaching and most dreaded of maladies to which mankind is heir, and the problem of providing for the weak-minded, insane, and otherwise degenerate is one which must seriously affect communities and the State, the author ventures to hope that the subject will receive due consideration by those who are in a position to influence public opinion. In view also of the evidence given before the Royal Commission on the Care and Control of the Feeble-minded, and the attempts which are to be made to obtain greater facilities for the treatment of incipient insanity, the time should be opportune for a book describing "The First Symptoms of Insanity —their Prevention and Treatment."

57, Wimpole Street, London, W
April, 1912.

CONTENTS

PAGE

INTRODUCTION . . . 15

PART I

THE FIRST SIGNS OF INSANITY

MIND AND CHARACTER, NORMAL AND ABNORMAL

CHAPTER I

WHEN IS A PERSON INSANE? . . 31

CHAPTER II

DISORDERS OF THE ANIMAL PASSIONS . 41

CHAPTER III

DISORDERS OF THE SOCIAL AFFECTIONS . 54

CHAPTER IV

DISORDERS OF THE INTELLECT:
PERCEPTION, MEMORY, REASON.
HALLUCINATIONS, ILLUSIONS, DELUSIONS . 62

CHAPTER V

DISORDERS OF THE HIGHER HUMAN CAPACITIES.
GENIUS, ECCENTRICITY, AND INSANITY . 79

PART II

THE CAUSES OF INSANITY

CHAPTER VI

PAGE

HEREDITARY DISPOSITION TO INSANITY . 93

CHAPTER VII

THE INCREASE IN INSANITY.
THE EFFECT OF ADVANCING CIVILISATION ON THE MIND OF MAN.
MENTAL AND MORAL CAUSES OF INSANITY . 107

CHAPTER VIII

INEBRIETY AS A CAUSE OF INSANITY . 123

CHAPTER IX

TOXIC AND OTHER CAUSES OF INSANITY . 131

PART III

THE PREVENTION AND TREATMENT OF INSANITY

CHAPTER X

THE MENTAL FUNCTIONS OF THE BRAIN . 143

CHAPTER XI

MENTAL DISCIPLINE AS A PREVENTION OF INSANITY 152

CHAPTER XII

PAGE

THE PRIVATE TREATMENT OF INSANE.
PSYCHO-THERAPEUTIC AND HYGIENIC MEASURES 160

CHAPTER XIII

SURGICAL TREATMENT OF SOME FORMS OF INSANITY 176

CHAPTER XIV

THE TREATMENT OF THE INSANE
IN PRIVATE CARE, RECEPTION HOUSES,
AND OBSERVATION CLINICS . . 185

CHAPTER XV

THE VALUE OF PROPOSED PREVENTIVE MEASURES:
RESTRICTION OF MARRIAGE OF INSANE,
STERILISATION OF THE DEGENERATE,
AND THE SEGREGATION OF THE FEEBLE-MINDED 199

PART IV

THE VARIETIES OF INSANITY AND FEEBLE-MINDEDNESS

CHAPTER XVI

MENTAL SYMPTOMS ACCOMPANYING BRAIN FATIGUE
(NEURASTHENIA):
INDECISION, OBSESSIONS, AND MORBID FEARS 213

CHAPTER XVII

THE MENTAL SYMPTOMS OF HYSTERIA . 220

CHAPTER XVIII

PAGE

STATES OF MENTAL EXALTATION AND EXCITEMENT. MANIA 225

CHAPTER XIX

STATES OF MENTAL DEPRESSION. MELANCHOLIA . . . 231

CHAPTER XX

PERIODIC ATTACKS OF INSANITY . 245

CHAPTER XXI

PROGRESSIVE INSANITY WITH SYSTEMATISED DELUSIONS (PARANOIA) . . . 250

CHAPTER XXII

STATES OF MENTAL ENFEEBLEMENT: GENERAL PARALYSIS, DEMENTIA PRÆCOX, PRIMARY DEMENTIA, AND SENILE INSANITY 260

CHAPTER XXIII

MENTAL DISORDERS DUE TO INTOXICATION: ALCOHOL, OPIUM, AND COCAINE POISONING . 273

CHAPTER XXIV

MENTAL DISORDERS PECULIAR TO WOMEN. 285

CHAPTER XXV

PAGE

MENTAL AFFECTIONS OF CHILDHOOD: NIGHT TERRORS, CHOREIC AND EPILEPTIC INSANITY . . . 290

CHAPTER XXVI

STATES OF ARRESTED MENTAL DEVELOPMENT: IDIOCY, IMBECILITY, FEEBLE-MINDEDNESS, AND MORAL WEAK-MINDEDNESS . . 297

CHAPTER XXVII

INSANITY AND THE LAW: THE CRIMINAL INSANE AND THE INSANE CRIMINALS 311

INDEX . . . 337

INTRODUCTION

It is difficult to get rid of antiquated notions on the subject of lunatics. The popular impression would seem to be that the insane are generally raving and desperate people, whose actions resemble those of beasts and whose language is that of Billingsgate; that consequently they ought to be deprived of liberty and kept in specially built places of safety where they are protected from doing harm either to themselves or to others. This was the prevalent idea when asylums were first established, at a time when only the worst cases were admitted as insane. Even a century ago insane patients were still treated more like furious beasts than human beings. They were shown to the public on certain days of the week, like lions in a menagerie, at the charge of twopence. It was the custom for the ruffians of the town to jeer and mimic the demented inmates in order to excite them to rage. Refractory patients were heavily chained; sometimes even those who were not violent were fastened like dogs to the wall. In another part of the house women were to be found locked in cells, naked and chained, lying on straw, with only one blanket for a covering. This, however, being the usual treatment at the time, did not strike horror to the public mind.

The treatment of the insane from a humanitarian point of view has advanced very much since those days. We do not now chain our lunatics to the floors, the walls, the tables, and the bedposts; we do not keep them naked on straw, wallowing in their own filth; or flog them periodically as a curative measure. Every kindness and consideration is shown to these unfortunate beings. Everything is done in asylums to render the lives of

the inmates brighter and more pleasant. Fields and workshops afford facilities for work and wholesome recreation, and attendants are trained to a better understanding of their patients.

Yet in view of the fact that nowadays we recognise the earliest signs of insanity and have to treat these, as well as many borderland cases, it is surely a hardship that patients who are not in the least dangerous, and who are not likely to commit any folly, should have to be certified and imprisoned in an asylum. The Lunacy Law decrees—no matter how harmless and innocuous the form of insanity, how amenable to treatment in private care, or how mild the delusion, if any—that all persons of unsound mind shall be deprived of their liberty. Undoubtedly this is necessary in many cases, but in many others it retards, if it does not prevent, the recovery of the patient.

My experience of seeing patients in private practice and as out-patients, and in Continental Observation Clinics, has convinced me that there are a large number of cases which, with appropriate treatment, recover so rapidly that asylum residence becomes unnecessary. But if this period is neglected, and the case has reached a point where the patient must be certified, a much longer time is needed for recovery, and sometimes it is altogether too late to cure.

The intention of the law is of course to prevent patients from doing harm bodily, financially, or otherwise, to themselves or others, as well as to protect them from their own follies and the dishonesty of the unscrupulous. Hence all patients are put under the control of the Lunacy Commission. To secure this protection it is necessary under the present law to obtain a certificate of insanity, however slight the mental disorder of the patient, which certificate, unless the matter is urgent, must be signed by two doctors and confirmed by a Justice of the Peace, or Magistrate, who grants an order for the patient to be removed from his house, if necessary by force. He may then be put under lock and key in an asylum. The only exceptions are those patients who themselves desire to go into asylums as "voluntary boarders," and those patients whose relatives have the

means to put them in "single" care under the charge of some one directly responsible to the Commissioners of Lunacy.

In no other form of disease is "appropriate" treatment so tardily initiated and so difficult of attainment. Even the expert is hampered to an incredible extent. It is illegal to place any patient of unsound mind, even if he or she be under twenty-one years of age, under care and treatment for payment, direct or indirect, or even for residence only, unless the whole process of "certification" is gone through. The physician has to incur the responsibility that the patient, who in his judgment may be merely a borderland case and not certifiable, may be considered by the Lunacy Authorities to be insane; in which case he would be prosecuted and have to pay, in addition to the costs of his defence, a considerable fine, *even though he attended the patient gratuitously*. True, prosecutions of physicians for not observing the Lunacy Laws are extremely rare. But this proves only that in the application of the laws there is less stringency than is in their wording, and that, provided the physician has acted "in good faith" and is of good repute, no public action will be taken.

If the relations of a rich man cannot procure treatment for him without certification, the case for the poor man is still worse. If a poor man breaks down, it is very difficult to procure treatment for him until he is bad enough to be sent to an asylum, though he may be wishful to place himself under care. He could not even be admitted to the County Asylum as a voluntary boarder. No hospital would take him because he had no organic disease, no asylum because he was not certifiable. Thus in the majority of instances the case is allowed to drift until overt acts of insanity appear. The Relieving Officer is then consulted, and the patient removed to the workhouse infirmary, where after a delay of a week or two the patient is certified, and subsequently transferred to the County Asylum. This procedure is unsatisfactory, and involves serious delay in employing effective treatment.

It is no exaggeration to say that in the great majority of cases the curable stages of insanity are not being

treated, and that by the time asylum physicians see the patient, the disease has made such progress that the measures which could have been adopted in the early stages are of little avail.

"Certification" is an absolute and indispensable preliminary to treatment. Not that the certification itself is objectionable. It is the simplest and safest method of recording the medical opinion that the person is insane and a proper subject for detention and treatment. At the same time it must be remembered that it is very disastrous for a patient's future prospects to have it known that he has been certified and treated in an asylum. He is shunned, and perhaps feared by his friends, and possibly never again attains the status possessed before he was "certified." Of course, the stigma to a great extent lies in the misfortune itself, and not in the red tape of the proceedings. Small wonder, then, that the public as well as many family physicians hesitate before they allow a patient to come under the ban of the Lunacy Laws and have him pronounced a "certified lunatic"! To the expert this is merely playing with words, but it cannot be denied that to the general public it spells disgrace. It means loss of social and domestic rights, deprivation of all civil rights, separation from wife, family, and home, and if the patient does recover, he is for ever afterwards branded —"He was once a lunatic." It is the right which the certificate confers to remove a patient by force to an asylum who is still curable by other means that is objectionable to most people. If the patient is not bad enough for the asylum, the committal is apt to make him so. There may be resistance and a struggle at the time, or if transferred under a "ruse," the patient, on recognising where he has been placed, is apt to cause a scene, and become either violent or still more depressed, according to the nature of his mental trouble.

Imagine the misery of the patient who has any reason left when he finds he is a prisoner locked into a room by himself or, worse still, confined with other lunatics of all descriptions, generally more insane than himself. Let any one think what an asylum is, and what a sensitive person must feel at being imprisoned in it! Let

him realise also that many of its inhabitants have become insane simply because they are too sensitive. They cannot bear wrong and sorrow and disappointment, and resent what they believe to be an injustice. Imprisonment in an asylum is regarded by such patients as an additional wrong. They shrink from association with the mad people by whom they are surrounded. If perchance they lose the remembrance of old fears and anxieties, new and fresh ones soon accumulate in a place where they are so much dependent on others, and where discontent and despondency are the prevailing tones. There can be nothing more calculated to hinder their recovery than to limit the intercourse of the insane to those who are themselves insane, yet this is unavoidable in asylums, where the only rational persons with whom the patient regularly and freely associates are his attendants. Even the pleasures and exercises can only take place with numerous other fellows in misfortune, whose language and conduct would fill even less sensitive and timid people with alarm. The mere aggregation of so many distressed beings of different types under one roof is a disadvantage, as patients have to hear and share numberless griefs in addition to their own, and many painful delusions are suggested to them which might otherwise never have entered their own minds. The majority of new patients feel this acutely, and experience great difficulty in throwing off their mental troubles in consequence of the many depressing circumstances and incidents which surround them. The locked doors are a torture, and the scenes which are apt to occur when patients are forcibly fed exercise a bad influence on those who have never seen or imagined anything of the kind before. The monotony of existence, trying even to the staff, cannot fail to be something approaching absolute torture to those patients who have sufficient intelligence to note the passage of time. Even the sports and games in an asylum become wearisome to those who have nothing else to do. In the case of those unaccustomed to depend on books, the intelligence must also be starved when placed in circumstances where they can take little or no interest in the daily life around them, and their affections are killed by

the unvarying, chilly, and even hostile influence of confinement.

The patients for whom lunatic asylums are particularly deleterious are those who display the milder forms of mental derangement, those who are capable of reasoning logically in regard to most of the circumstances presented to their minds, and are able to control themselves. Such persons feel very acutely the injustice and disgrace of incarceration. They know they are not dangerous to themselves or others, and the deprivation of their liberty they regard as cruel and uncalled for.

Moreover, there are a considerable number of persons who are certified as lunatics throughout the country who are simply suffering from temporary insanity, the result of, or associated with, some form of bodily disorder or toxic poisoning. Some of these people would have a much better chance of recovery in special wards of a general hospital than in a lunatic asylum.

I maintain that there are very many persons who are of unsound mind, but who have no right to be treated as lunatics, and I have no hesitation in stating that at the present day there are amongst those incarcerated in asylums a large number who could be well managed outside. I have proved this in numerous cases. I have, in many instances, been the means of obtaining the freedom from asylum supervision of those who, apparently, had there been no intervention, would have been there for their natural lives. I do not recollect one single case where the steps taken were not followed by good results.

It would be wrong, however, not to acknowledge that the British institutions for the insane are model institutions, well designed, perfectly governed, and admirably conducted. Nor will any one deny that there are cases —even in the early stages of insanity—where an asylum is useful, and others where it is indispensable. Just as we must have hospitals for the poorer classes, so we must have asylums for paupers, or for those living in wretched homes where they would be neither properly watched nor carefully fed; but there are other cases for which the asylum is eminently unsuitable, and positively harmful. Circumstances may be such that some place where the lunatic can be kept in safety is

absolutely requisite; but it is not always necessary to confine him in an asylum, though it may be necessary to place him in such a situation as will secure his safety and, *in all cases, where he will have careful nursing and skilled medical attendance.*

Asylums we must have, and for some patients there is no better place; but there are others for whom we require new institutions, more in the nature of hospitals, and extended powers for private treatment. (See Chapter XIV.)

I do not think I am wrong in saying that in view of the powers of the Lunacy Commission some medical practitioners have a wholesome dread of being in any way mixed up with the certification of an insane person or even of attending him privately. Another reason for this reluctance on the part of the family physician, and why insanity is neglected in the early stages, is that a good many medical practitioners feel that they are not sufficiently competent to treat an insane patient. The treatment of insanity requires an intimate knowledge of the structure and functions of the brain, of normal and abnormal mind and character, and special experience of the practical affairs of life; but the subject has, up to a few years ago, not been included in the medical curriculum, so that the vast majority of the older practitioners have had no opportunity whatever of acquiring a systematic knowledge of it. And even now, though the study of insanity has been made compulsory to medical students, it occupies a comparatively insignificant position, so that a mere smattering of knowledge of the subject is all that can be acquired. Hence the first signs of insanity often fail to be recognised, not only by the public at large, but also by medical practitioners, or, if recognised, are under-estimated.

Another reason for the delay in treatment is that, unfortunately, the public believe that most specialists own private asylums, or are sleeping partners in such concerns, or are in some friendly relation to their proprietors. Hence there is a fear, though absolutely unjustified, that patients who consult these specialists may be sent too readily to their institutions when other measures may still be adopted. So great is this fear of being sent to

an asylum as the result of consulting a lunacy specialist, that the public avoids a visit until compelled by dire necessity. It is only in the last resort, when all other means are exhausted and the mental breakdown is complete, that an alienist is consulted. This undesirable state of affairs will continue so long as *consulting* lunacy-physicians are allowed to have financial interests in private asylums, and until the public is made aware that the specialist has some definite treatment to propose besides certification and confinement within locked doors and barred windows.

What the insane require, notwithstanding their insanity, is association with *healthy* minds. And this is out of the question in an asylum. The patient, if not inclined to work or play, is left to indulge in his fixed ideas and delusions, which therefore tend to become more fixed than ever.

Whatever curative influence the asylum may possess, the one thing that could have saved the patient it cannot supply, and that is "individual" treatment. For what personal attention can a patient receive in an asylum, even when there is a so-called hospital annexe, when a thousand or more patients have to be visited by the superintendent and two or three assistant medical officers. No one can deny that the majority of asylum physicians are able men, but I do not think it possible for any man, however clever and however eminent in his profession, to treat a thousand patients as he would wish to treat them.

The insane, like ordinary men, have their bodily ailments, and the treatment of these must take up a good deal of the physician's time. Further, in such vast concerns, the mere clerical work is very considerable, not to speak of the keeping of medical records and attention to correspondence. The medical superintendent is not only a doctor, but he is the head of a great establishment embracing gardens and a farm, as well as the staff and buildings of the asylum itself. Of course, "where there's a will, there's a way," and it is not true of all asylum medical officers that they have no time for scientific work because of their administration duties. Those who have achieved the most in the speciality

have not always been those who have leisure, but the busy, the willing, and the determined. Although hindered often by imperfect structural arrangements, overcrowding, and inability to divide the patients into small enough groups, efforts have been made to classify them in accordance with various specific needs. In recent years more tangible provisions for classification may be seen in special buildings for the study of the new cases, and for the treatment of the more acute conditions, which have been added at many institutions, in special wards or buildings for general hospital purposes equipped for the treatment of those suffering from acute physical illnesses and surgical conditions, and in infirmaries for the feeble and bed-fast. For the better personal care and nursing of the patients, training-schools for nurses have been established. Still, the managing committee value the superintendent for the sake of his qualities as a manager, administrator, and organiser, and only secondarily as a skilled physician.

No wonder that the recovery rate of the present day in the most comfortable and luxurious palaces for the insane and under the most humane treatment is no greater than in the days when strait-jackets and rough treatment were freely used in badly furnished asylums. The surroundings, the comfort, and the care of the patient do affect his behaviour and modify his symptoms, but they have no effect on the disease itself. Mental disorders, once they have reached the acute stage, will run their course, and whether they end in recovery, or become chronic, or end in death, does not depend on any treatment in an asylum which a hospital or an efficiently organised private home could not supply just as well. On the other hand, for the majority of inmates, chronic and incurable cases that no treatment will ever improve, the palatial character of the building in which they are immured affords no delight, and the elaborate and expensive organisation is entirely thrown away.

The operation of the Lunacy Laws has made it necessary to herd lunatics together in special institutions where they can be more easily visited and accounted for by the authorities. The result of this is that there has

grown up a body of men who are directly responsible to these authorities for the confinement and detention of the insane.

It is a feature of the Asylum Medical Service that men enter it early in life, and grow up subject to its conditions. Men, just qualified, are chosen as junior officers, and are gradually promoted, either in the same asylum or some other in which an opening may occur. No one is chosen as a senior officer, whatever his qualifications for the treatment of mental disease, unless he has had asylum experience. In other words, the future superintendent must not only have been put into the groove early in life, but he must have remained there. Dr. Conolly was the only physician, to my knowledge, who was ever chosen as superintendent without such experience, and it was he who abolished at Hanwell Asylum the employment of mechanical restraint, of fetters and shackles for the insane—an example which has been universally followed.

With the constantly increasing size of asylums it is no doubt essential that only such medical officers should be selected who have experience in the routine work of these large establishments, and it is entirely to their credit that of late years much valuable work has been done, especially in those asylums which are provided with laboratories. We have learned more about the structure and pathology of the brain during the last twenty or twenty-five years than in the hundred years that had gone before. Whatever may be said against the asylum *system*, it must be admitted that the conductors of them are disinterested and many of them brilliant men, and that they are the first to admit the advantages of early treatment of the insane. The only difference of opinion is that some desire an extension in the organisation of asylums to that effect, and others are in favour of special hospitals and observation wards.

As regards private asylums, one serious grievance is that their owners can refuse admission to the consultant who comes to see whether the patient is well enough to be removed to more favourable surroundings. If the visit does not suit the proprietor, he can respond that there is no occasion for such interference, or that the

patient will probably get worse from the visit. Or else the proprietor may suggest the name of some friendly expert, if not the actual sleeping partner of the concern, in place of the doctor proposed by the patient's friends. Perhaps this is seldom done, but it can be done, and that it should be possible is against the public interest and the intention of the Lunacy Law. After all, the proprietors of private asylums are human beings, with the same defects as the rest of mankind, and a "licensed" house for mental cases is as much a mercenary speculation as an hotel or large boarding-house. That there is little or no scandal with reference to them shows that they are as a rule well conducted, and that no person is detained unjustly, yet even the suspicion of such an occurrence should be made impossible.

Of course, there are doctors and "doctors," and the proprietors of private asylums may plead that they refuse admission only to "cranks" and men disliked by their own colleagues. All the same, it would be more satisfactory if it were made compulsory on asylum superintendents to admit any qualified physician selected by the trustee or relative of a patient to visit him and report as to his personal condition, and that of his surroundings and treatment.

But, it will be said, have we not Lunacy Commissioners to inspect these places and visit each patient? Certainly! And it is surprising the amount of work they do, and how efficiently they do it. We must remember, however, that half a dozen commissioners—in January this year increased to eight—have to visit and report upon 133,000 lunatics in England and Wales in the course of a year, and that many of these have to be reported upon after personal inspection several times during the year. In 1845, when the Lunacy Commission was established, and its paid members were, as until recently, six in number, they had to visit only about 25,000 lunatics. It is a wonder the work is done so ably, and it speaks volumes for their indefatigable industry and solicitude. When one is personally acquainted with their work and has the highest esteem for every one individually, one is reluctant to say anything at all by way of criticism. But they themselves will acknowledge that some have only

had legal training, and even those who are medical men have only been chosen for the post because of their asylum training, and that supervision of a hundred and thirty-three thousand insane, even if the number of Commissioners were increased by half, would be impossible if the insane were not gathered together in large herds, but were in private or family care.

The Commission was originally formed for the purpose of doing away with the possibility of illegal detention of persons who were not insane, and to prevent cruelty to persons so detained. But as regards public (county and borough) asylums, they only go once a year to see the general appearance of the patients and their relative contentment with their lot, and whether the place is clean and fairly decorated. Beyond that, there is no independent view, so that the individual patient cannot receive that attention which was originally intended, certainly not as much as if he was in private care.

As regards the public asylums, there are other reforms needed, besides the recommendations of the recent Royal Commission on the Care and Control of the Feeble-minded. Whereas hospitals are open to all comers seeking study, research, or simply desirous of watching the work done there, the scientist in search of material for earnest work is met at the portals of the asylum with an emphatic negative. The forbidding frown of the administrative bodies warns off the student who would fain enter the house of the afflicted for the purpose of earnest study and investigation. No helping hand is stretched out to welcome the scientific investigator who would devote his time to the study and perhaps amelioration of the condition of the unfortunates housed within the walls of the institution. Possibly it is held that the opening of the institutions for the insane to the visits of students and scholars would be a violation of personal privileges, but the student and the scientist are not curiosity seekers who come to watch the antics of the demented. These scholars are men and women who are moved by a noble impulse to devote themselves to a hard and thankless task. To place obstacles in their way is an indignity, and no amount of specious pleading can alter this fact.

The English Lunacy Laws arose out of a series of regrettable incidents which occurred nearly one hundred years ago. I see no reason why they should not be altered so as to facilitate the treatment of the incipient stages of insanity. Why not, when there is already such facility in Scotland! Half of the paying patients in Scotland are never certified as insane, but are treated by their own medical attendant in private houses, to whose proprietors the doctor gives a certificate authorising them to receive the patient. The responsibility rests entirely with the medical attendant. But then the Scottish Law did not arise from asylum scandals, but from the insufficient provisions for pauper patients by the ancient Royal Asylums of Scotland, so that a law was made establishing distinct asylums. It was made merely *to improve the condition* of the insane, whereas the English Law was conceived in a spirit of suspicion.

Public opinion is unanimous, both in medical and lay circles, that the provision for the treatment of incipient insanity in England is inadequate, and that the treatment even by the most trustworthy and gifted medical attendant is hindered by legal obstacles. Insanity, although one of the most dreadful diseases in its consequences, is still a subject only superficially taught to the medical student, and still less understood by the lay public, however educated in other respects. It is only by early individual treatment that we can save the patient.

It is the purpose of this book to show what insanity really is, how it can be prevented, and how it can be treated before it reaches the incurable stage.

PART I

THE FIRST SIGNS OF INSANITY

MIND AND CHARACTER, NORMAL AND ABNORMAL

CHAPTER I

WHEN IS A PERSON INSANE?

THE study of the first signs of mental disorder is of immense importance to mankind, inasmuch as it leads to the prevention of a disease which robs man of all his highest and proudest attainments. The first signs of insanity, as has already been explained, are rarely seen in asylum practice, which is of necessity restricted to the advanced stages, since only "certified" patients can be admitted to licensed institutions, and the patients who seek voluntary admission are very few in number. Statistics show that on January 1, 1911, there were 133,157 certified insane residents in asylums and in private care in England and Wales under the jurisdiction of the Lunacy Commission—that is, 1 in 274 of the population. We have no statistics to prove how large is the number of the *medically* insane individuals, whose insanity is known only to themselves, and perhaps to some of those who are in intimate social relations with them, who have lost none of their rights, privileges, or responsibilities as citizens, who transact their business with fidelity and accuracy, and yet are as truly insane, though in less degree, as any of the inmates of asylums.

If to the number of insane we were to add the number of imbeciles and weak-minded people, the figures would be truly appalling. According to one authority, at least 1 in 217 of the population—quite independent of the number of lunatics—is mentally defective, that is, either idiot, imbecile, or feeble-minded, and when children on the school registers are considered, the proportion is still higher—namely, 1 in 127.

Many insane people are tolerated in the community because it is not worth any one's while to interfere with

them, and they do not seriously interfere with the social current. But when, for various reasons, they become troublesome, or commit an indiscretion which affects their own existence or which brings discredit on their family and friends, they are declared "legally" insane.

Medicine deals with disease, and the law with behaviour. What the law takes cognisance of is not whether a person is unsound in mind, but whether the person is insane in conduct or likely to become so. About his thoughts and feelings it is not concerned in the least, so long as no harmful conduct is likely to arise from them. Whatever a person believes, thinks, or feels matters only in the medical estimation of insanity. In the legal sense it is of no consequence, so long as his *conduct* is not affected thereby. It is for what he says and the way he behaves that a person is "certified" as insane. It is the patient's lack of self-control and inability to adapt himself to his environment which is the criterion of admission to the asylum. Thus in such institutions we get those types of cases together which appear forbidding to the ignorant and to whom the antiquated term of "lunatic" is applied.

A patient may be certified whenever his conduct becomes unsafe to himself or to others. When the realm of conduct is invaded, then the disease becomes of social importance and can be certified as insanity. Thus, what was before medically true, though legally denied, is admitted only when the preliminary and most curable stage has passed. It is the badly damaged brain that is sent to the asylum for safe keeping, but there are, in every stratum of society, large numbers of blemished brains that perform their functions irregularly, and require repair.

Insanity seldom comes like a thunderbolt out of a clear sky. The study of insanity clearly shows that it practically never develops in a day, but that, on the contrary, often weeks and months elapse until the deviation from normal mental health is noticed. Often some accidental circumstance, some apparently trivial event, may be the determining cause of the outbreak—the immediate precursor of the declared symptoms; but the conditions have been there before, and, as in the

old adage, the new event was but as "the last straw" that made the burden intolerable.

If the early history of the patients be only carefully investigated, it will be found that eccentric acts on their part took place long before the actual outbreak of the disease. If only such patients had chosen some quiet pursuit in life, and if their conduct had been closely watched by their relations, much trouble and expense connected with their mental disease would have been prevented. Opinions may differ as to how wide may be the departure from normal to justify us in diagnosing insanity, but yet this is the beginning of the malady; the difference between this state and certifiable insanity is a quantitative difference, a difference of degree only.

There is no sharp demarcation between medically and legally insane. There are no hard-and-fast lines separating sanity and insanity, soundness and unsoundness of the mind; indeed, there is no sharp division between health and disease in general, disease being nothing more than an exaggeration, or disproportion, or inharmony of normal phenomena. There are a very large number of cases of mental disturbance which are very slight and not decided or specific in their character, and which may be described as on the "borderland." This stage is the one where suitable care and treatment are most effective. Many a man and woman if rightly treated in the borderland would go no further, and never be reckoned as having been mentally unsound at all.

Whereas the general diagnosis of insanity, when once pronounced so as to necessitate certification, is in many cases so easy that it can be made by any layman, the early stages of mental unsoundness often demand all the science and skill of the most experienced observers. Even in the domain of physical disease, where exact physical means for diagnosis are at hand, it is often difficult to decide where health changes to disease. How much more difficult must it be, then, in the psychic domain, where a standard of mental health can only be thought of as ideal! How much more difficult must it be, where no individual is exactly like another, and variations of thought and feeling from the majority of mankind, and even errors of the understanding and

illusions of the senses, are possible within the limits of physiologic life!

In reference to the body, "feeling well" is the chief mark of health; most people who are sick know it. With the mind it is otherwise; here there is no connection as between health and feeling well, and the patient is not in a condition to say whether he is well or not. Consciousness of derangement occurs, as a rule, only at the very beginning of insanity, and that only in some patients; and it occurs again just before recovery, when the knowledge of being mentally ill is one of the most marked symptoms of convalescence.

At the approach of insanity the unfortunate sufferer is often conscious of a gradual loss of control over his thoughts, feelings, and fears, but he conceals with the utmost jealousy from his relatives and friends the agony that is eating into his very soul. No doubt innumerable acts which puzzle and appear totally unaccountable to friends and strangers, are the result of mental conflict hidden in the depths of the patient's mind. In such cases the demon in possession seizes those very moments in which the enjoyment of other men is found. At the festive board, in conversation with friends, in the company of ladies, when everything is *couleur de rose*, this conflict will sometimes rage fiercely and incite the sufferer to sudden movements, or subject him to fits of abstraction which startle and confound those who watch his conduct.

Persistent introspection or gloomy retrospection, excessive sensitiveness, marked egotism, a feeling of unsettledness, a want of power of continuous application to the usual occupations, are all characteristics not to be lightly regarded. A prolonged condition of want of conscious energy, when work ceases to be a pleasure, when there is "no go" in the man, is a symptom to be taken notice of. The opposite condition of causeless impulsive action and continuous output of energy without sufficient cause is also sometimes suspicious. In persons who have had normal or extra good manners when in health, it is a bad sign if the usual social observances and conventions become markedly irksome—and are departed from.

Of course, none of us reach the ideal in mind and

conduct, and some have marked peculiarities. It has been said that "nearly all the world is cracked," but some succeed in concealing the crack better than others. So cleverly and successfully is the mask of sanity and mental health sometimes worn, so effectually is all suspicion disarmed, that mental disorder of a dangerous character has been known for years to be stealthily advancing without exciting the slightest notion of its presence, until some sad and terrible catastrophe, homicide or suicide, has painfully awakened attention to its existence.

In the incipient stage of insanity the patient is sometimes fully sensible of entertaining exaggerated and unnatural impressions; he is acutely conscious of the mind dwelling morbidly and sometimes irresistibly upon certain trains of absurd, unhealthy, and it may be very impure thoughts; he painfully recognises the fact that insane conceptions are struggling to master his reason, obtain an ascendancy over his judgment, an abnormal influence and control over his passions, and the subjugation of his instincts.

The difference between sanity and insanity consists in the degree of *self-control* exercised. We all have, at some time or other, thoughts passing through our minds and feelings agitating us which, if they were expressed and indulged in, would be as wild and perhaps as frightful in their consequence as those of any madman. But the man of strong mind represses them, and seeks fresh impressions from without, if he finds that aid needful. The man of weak mind yields to them, meditates on them, indulges in them, and thus they acquire fresh force, until he is totally unable to free himself from the thought or subject that haunts him, and he is then insane.

The time that a patient remains on the borderland of mental disturbance varies enormously in different cases. One man, by reason of innate brain instability, may be in this condition almost all his life; another may only be so whenever he experiences any severe stress, mental or bodily. In another case the mental condition only becomes disturbed when there are violent mental cataclysms or a prolonged condition of bodily

or nervous exhaustion, or during the presence of some bodily disease accompanied by blood-poisoning.

The standard of sanity depends partly on the *environment*, which varies not only with every stage of civilisation and barbarism, but also with each social station and each grade or phase of education. What would be natural and commonplace in one state of society or in one community, would be altogether aberrant and unusual in another, and this difference exists even in the same persons under various circumstances.

The standard of sanity depends also on the *standard of the individual.* Every one thinks and acts in his own way, and thus there is formed a special standard of normality, which is made up of habits, social instincts, education, training, and more especially of those moral traits that constitute what we call character. In these respects the individual must be measured by the standard of his own personality—he must be tested by what he ought to be and by what he was in his normal condition—before an accurate decision can be arrived at in any case of suspected mental disorder.

Insanity may therefore be described as a *symptom of derangement, disease, or defect of the brain, causing a disordered action of the mind and putting the subject into a condition varying from his normal self and frequently out of relation to his environment.*

It is the brain which is at fault, that part of the nervous system upon the unimpaired condition of which the exercise of the understanding and the proper manifestation of the feelings and instinctive propensities depend. The brain itself may be diseased, or it may be affected indirectly ; the blood with which it is supplied may be defective, or, since the brain is intimately connected with all the bodily organs, their disturbed condition can cause a reflex-irritation of the brain.

In many cases the symptoms of insanity are due to functional disorder of the brain. Those insanities which are organic, like progressive paralysis, senile dementia, etc., are incurable, at all events at present.

The general practitioner must remember that mental diseases are brain-affections, with predominating, but not exclusive, psychic symptoms. Even though the recog-

nition of the latter is essential for a judgment of the mental condition, still the diagnosis must not depend upon that alone. Other possible signs of existing cerebral and nervous disease must be investigated. Mental diseases are accompanied by disturbance of the vegetative life. Specially important physical symptoms are disturbances of sleep, of nutrition, or secretions, and of the functions of digestion. Most careful examination of the bodily organs and their functions must go hand in hand with mental examination, whenever possible.

It is of great importance also to be able to observe the patient under his ordinary circumstances of life; the manner in which he lives, dresses himself, and employs his time may afford important elements. It is necessary to know not only what questions to ask, but also how the conversation should be directed. During the examination the gestures and demeanour should be observed, as well as his home and surroundings.

In mental derangement the primary disorder usually consists in a tendency to disordered emotional excitement, which affects the course of thought and, consequently, of action without disordering the reasoning processes in any other way than by supplying them with wrong materials. Men seldom, if ever, go mad from intellectual activity, if it be unaccompanied by emotional agitation. We confine people as lunatics, not because their reasoning is unsound, but because the play of motive in their minds is too abnormal for us to rely on it. Thousands of people believe absurdly enough that they have been wrongly treated. That does not make us interfere with them, but when extravagant vindictiveness appears, when the individual goes about to shoot imaginary persecutors, he is classed among the insane, though his intellect may still be capable of profound or brilliant work.

In the earliest stage of insanity no intellectual defect may be apparent. The reasoning power may remain clear, the intellect as bright as ever, and in the course of a long conversation friends may not perceive the slightest cloud on the understanding. Or if there be any intellectual defect, it is displayed in the inability to recognise and realise the impropriety of the conduct. If

one remonstrates or reasons with such a patient, one is astonished at the astuteness with which he justifies and accounts for his conduct.

It is in actual brain-degeneration, and not in any of the lighter forms of insanity, that the intellect shows permanent signs of weakening. In such cases we get other signs and symptoms as well that leave no doubt as to the progressive nature of the disease. These we shall describe under the varieties of insanity (Part IV). Before doing so we must first seek some acquaintance with the science of the phenomena of mind and the evolution of the primary mental powers to help us to understand their derangements.

Whether the brain is affected directly or indirectly, something has happened to hinder its normal function. The personality of the affected person is altered, sometimes by an *alteration* of character contrasting with the ordinary healthy condition, sometimes by an *exaggeration* of the natural dispositions and predilections which had marked the individual when in health.

When there is an *alteration* in the character, the change is generally in the direction of degradation. The kindly and forbearing man becomes irritable and quarrelsome; the refined and gentlemanly man consorts with people very much beneath him regardless of their character; the prudent man launches out in wild speculations; the previously orderly and economical man becomes confused and prodigal; the precise man exhibits carelessness and negligence; the gay man is sullen and morose; and the modest, retiring man thrusts himself forward into all kinds of society, writes long and familiar letters to persons with whom he has only a bowing acquaintance, asking favours, offering benefits, and making appointments; the parsimonious man becomes lavish, and the generous man parsimonious. Often there are also aversion and antipathy towards persons who previously were regarded with respect and affection; a change so painful to those towards whom it is manifested that it is usually the earliest to be noticed.

When there is an *exaggeration* of the natural disposition, previous faults of character and of temper manifest themselves in greater intensity, over-sensitive-

ness passing into melancholia, suspicion into delusion, irritable temper into uncontrollable violence, weak volition into obsession, the talkative man monopolising the conversation more completely than usual, the uxorious man becoming even more demonstrative, the egotist bragging more audaciously, the querulous man complaining more bitterly, the naturally timid and reserved man shunning society and isolating himself altogether from the companionship of his family and friends, the bold man becoming noisy and presuming, the courageous becoming officious and talkative, and the strictly upright person exhibiting an unhealthy exaltation of conscience respecting his moral and social duties. Any peculiarity of conduct which is natural and not assumed becomes exaggerated.

Through habit a faculty may become so powerful that we lack strength to control it; it controls us. All habits and powers, all passions and propensities, are liable to grow by exercise; every one of these irregularities may, by cultivation and indulgence, become strong enough to overcome the reason and cut off the means of correcting mistakes in judgment, and thereby establish insanity.

All the evil passions—anger, violent temper, hatred, malice, envy, and jealousy—are even more injurious to the balance of the mind than any of the intellectual disproportions. A man in a passion sees in the object of his anger those qualities, and only those, which he wants to see, and his imagination fills up the rest with such as correspond to his own state of feeling. He clothes his antagonist in a garb of his own creation, and then finds undoubted proof that he is wronged.

Those whose insanity is only an exaggeration of their previous state are persons with an insane diathesis or temperament—a very small matter suffices to throw them off their normal balance. They break down, perhaps without any apparent reason, recover, and break down again, and pass often into a state of recurrent insanity which may last through a long life.

There are, therefore, two classes of insane—those whose character has undergone a change and those whose natural characteristic has become accentuated or

exaggerated beyond control. In judging a man's sanity, it may, consequently, be as essential to know what his habitual manifestations were as what his present symptoms are. The degree at which this departure from the natural and healthy character, temper, and habits ought to be held as constituting insanity is a question of another kind on which we can scarcely hope for unanimity of sentiment and opinion.

Of course, it is not the temporary change, the temporary mood or exhibition of eccentricity, which constitutes insanity; for then those only would be considered to be sane who possess ordinary level minds and no originality to go out of the beaten track. There are few among us who have not moments of depression or of abnormal excitement, fits of anger or fits of extravagance. It is the *prolonged departure, without any adequate external cause, from the state of feeling and mode of thinking usual to the individual when in health that is the true feature of disorder of the mind.*

CHAPTER II

DISORDERS OF THE ANIMAL PASSIONS

Some knowledge of the mind and character of man, of psychology and ethology, is absolutely necessary in order to describe accurately the phenomena of morbid mental states.

No two persons think, feel, or act in the same way; no two take the same view of any question; no two can be said to observe the same object in an identical manner or from the same standpoint. The intellect of each works on different lines according to inherited proclivities, individual experience, and education. It is this which forms the basis of distinctive individual personality. Though there are no two human beings alike in their mental constitution, in their abilities and character, yet the primary mental powers are alike in all, and the difference lies in the strength of each of them and the variety of their combination. All the differences of individual minds resolve themselves into differences of degree among the same identical qualities.

Mental diseases, although they may be associated with the most serious complications affecting the intelligence, do not create new and special desires, but merely rekindle in an extraordinary way and inflame to pathological intensity the common passions of mankind, such as anger, fear, lust, etc.

We shall proceed on a proper psychological basis and study the various primary mental powers in order of their evolution. Having first explained their normal function in a healthy mental state, we shall then show their morbid activity in a state of disease, and finally, in Part IV, describe the various forms of mental disorder in which these primary powers are all involved. Some-

times only one or a group of them will show characteristic activity, sometimes another group will be the most distinct, and yet at another time mental activity may oscillate between the two groups. As the mental disorder progresses, so all those activities become involved and disorganised until we have a state of dementia, a state of hopeless disorganisation.

This method of unravelling the mysteries of insanity by first analysing the mental powers that make up mind and character, and describing them in their evolutionary order, seems to me preferable to the method generally followed in text-books, as more natural, logical, and easier of understanding.

* * *

First of all, there are a number of elementary dispositions which we possess in common with animals which are aroused spontaneously and are implanted by nature for the **preservation of the individual.**

Man being planted in a world, the inhabitants of which devour one another, the first law is the law of self-preservation. The " love of life " gives us certain energies. In insanity, especially in melancholia, this love of life is often abolished and leads to attempts at suicide (Chapter XIX).

* * *

In order to maintain existence, the animal must first of all search for that which will maintain life, it must destroy or kill for food. It is this **appetite for food** which directs man, even when new-born, to remove the pain of hunger and thirst, the only pain then removable by an act of his own. Of all the phases of conduct, the prehension of food is the simplest, the most important, the most fundamentally necessary, the first to appear in the race and in the individual, and the last to disappear with the failure of life or of sanity. The abuse of this instinct leads to gluttony and drunkenness. The insatiable craving of hunger, even when the stomach is full, is a common lunatic symptom. Some, having devoured their own ample allowance, seize upon all they can lay hands on, prowling about the entire day in search of food. We also find sometimes morbid desires,

longings, or impulses for various substances generally regarded with loathing and disgust.

Similarly, drink may become a mania (see alcoholic insanity, Chapter XXIII). Temporary alcoholic excesses may be observed also in the excitement of hypomania (Chapter XVIII) and general paralysis (Chapter XXII). Persons of a neuropathic constitution in a state of exhaustion and psychic depression (Chapter XVI), and women in the change of life (Chapter XXIV), in order to overcome their irritable weakness, not infrequently take to drink or to the abuse of morphine.

Sometimes the insane refuse to take nourishment from a great variety of motives, according to the form of insanity. A patient may be immersed in his thoughts so that the sensation of hunger is deadened; he may refuse it, because he fears it is poisoned; another, because a voice told him that he must not touch it; another, because he is too great a sinner to receive God's gift. In all we have the same symptom, but we have to trace the motive to arrive at a diagnosis of the mental disorder.

* * *

In order to maintain existence, the animal must moreover be able to remove the dangers by which it is surrounded, must prevent itself being destroyed, and be capable of inflicting injury on its foes. The fundamental propensity to destroy is absolutely needful for the preservation of the individual. It matters not whether he fights only when danger arises or whether he meets difficulties half way, whether he fights with his teeth and nails, with his sword or pen, whether the attack be moral or physical, the same instinct is at the root of it all.

One purpose of this propensity is the removal of objects that annoy us; and as pain is an annoyance, it naturally calls forth the disposition to destroy whatever occasions it. **Irascibility** or **anger** is the emotion accompanying the active form of the instinct of self-preservation. It gives an impulse to inflict injury on the cause of the emotion. In order to overcome obstacles or to fight, great energy is needed. That the sight of its foes should arouse an animal's energies to furious rage,

whereby spontaneously muscular changes are developed all over the entire body and the strength of every muscle is exalted, is due to a reflex mechanism of immense preservative value in the struggle for existence. Similarly, when a man gets angry, the spontaneous impulse is to inflict injury on the originating cause of the emotion.

There is a thin border-line between the healthy and diseased manifestation of anger. Anger is short madness, for the main characteristic of madness is loss of self-control, and this is exactly what happens to people in a passion. All considerations of reason and logic are thrown to the winds, the impulse of the moment is blindly followed, and words are said, actions done, which may do the gravest harm, yet while the person in a passion knows this, he is powerless to act otherwise. Persons who are habitually prone to outbreaks of anger become progressively unable to control their exhibition of wrath, and what to others are mere trifles, in them excite preternatural and fantastic storms of passion. The instinctive fury, the violent and destructive mania, of some madmen is only the same mental power acting in excess.

Irritability of temper from slight causes, a tendency to take offence easily, noisy arguing, unpremeditated violence, and to a lesser extent designed violence, are common symptoms in several forms of insanity. Such manifestations in a mild form may be seen in the sane, but they occur more readily without adequate cause and are less under control in the insane.

Slight irritability from exaggerated sensibility is common to neurasthenia (Chapter XVI). One of the characteristics of hysteria is instability of temper (Chapter XVII). Mere argumentativeness, rarely anger, is one of the symptoms of dementia præcox (Chapter XXII). In hypomania (Chapter XVIII) patients become irritated on the slightest provocation, but their irascibility does not last. The general paralytic (Chapter XXII), too, may be easily roused to anger, and is also more or less easily calmed, at least in the early stage of his disease. Noisy, abusive, violent temper is seen in acute alcoholism; unreasonable irritability, unprovoked anger rising to blind impulsive

passion, is seen in chronic alcoholism (Chapter XXIII). Peevish disposition, bad temper, impulsiveness giving rise to dangerous acts, occur in epileptic insanity (Chapter XXV).

The highest degree of irritability is seen in acute mania (Chapter XVIII), where we get excessive anger, violent language and conduct, sometimes lasting for days without any interval. Explosions of violence occur when least expected, and may lead to attacks on any person who happens to be present. Some insane patients are impulsively destructive to material objects only, such as glass or furniture, and are quite harmless in other ways ; while others will make assaults on persons as well, with or without intent to kill. These are the really dangerous lunatics, and even in them such outbursts of passion can be avoided by proper care and treatment. Besides the automatic excitement of acute mania we have certain phases of mental depression (melancholia agitata, Chapter XIX) and delirium (Chapter IX), in which the patient also raves and destroys, but his activity is conditioned by painful states of feeling and frightful hallucinations, and is analogous to the acts of a sane person enduring torture. Impulsive acts of destruction occur also in imbecile persons (Chapter XXVI) and epileptics (Chapter XXV), and non-impulsive acts in general paralytics (Chapter XXII).

* * *

In order to maintain existence the animal must also avoid that which may compromise life ; it must be alive to the dangers which surround it. Animals having thus constantly to safeguard themselves against their numerous enemies to prevent themselves being destroyed have developed in addition a tendency to concealment which has also proved useful in approaching their own prey. This has given rise to the **feeling of suspicion.** Suspicion is a protective instinct and hence a necessary mental quality. An animal cannot always protect itself by open force, and it must make up in cunning what it lacks in strength or courage. Among human beings this tendency has lost its significance, and shows itself more in the characteristic of reserve, and when deficient

in openness. The truth is, that all men conceal much more than they declare, and an impulse to conceal is a constituent part of man, for the wise purpose of preventing that constant exposure of thought or purpose which would not only render society intolerable, but would remove a material guard against the evils which, by their selfish passions, men are inclined to inflict upon each other.

In some forms of insanity the customary reticence is abandoned and the patient's first symptom of a morbid mental state is that he becomes expansive, and expatiates to strangers and persons of inferior station in life upon his private affairs and the misdeeds of members of his family.

There are characters who are prone to suspicion, to mystery, and to duplicity, and who can never believe that honesty and fairness are anything else but baits laid out to trap the unwary. Such persons do everything in an underhand way, and as they imagine every one to act under the same motives as themselves, they are constantly on the watch to detect plots and devices which in reality do not exist. If adversity besets them for a time, their natural suspiciousness of character is exalted and sharpened to excessive activity; they suspect everybody, they listen to every tale and gossip, and embitter their lives by suspicious fancies, till their best friends become as much the objects of suspicion as their enemies. Every trifling circumstance is then converted into a confirmation of their apprehensions, and the mind is kept constantly on the stretch to hide its own thoughts and to fathom the secret devices of others. They may start with a vague distrust, leading to the notion that others are more ready to do them harm than good, and this notion, by being indulged in, grows to a firm conviction that others are committed to an actual conspiracy to ruin or poison them or do them some other grievous injury.

Delusions of persecution, so common amongst the insane, are due to suspicion. They are not perversions of the reasoning process, but arise out of the perverted emotional state. A suspicious person may reason quite correctly, but he will misinterpret actual occurrences

because of the state of his feelings. When the disorder has lasted some time and the false ideas are habitually dwelt upon, they become realities to the consciousness of the individual. Such suspicious patients think that the people in the street look at them, they fancy that the newspapers write about them, that policemen or supposed enemies are following them, that there is a plot and a conspiracy to rob, ruin, and destroy them.

Ill-founded suspicion of being despised or distrusted or a marked person is peculiar to paranoia (Chapter XXI); innocent looks or remarks are interpreted as having some deep meaning, and may lead to attacks on strangers. Melancholics (Chapter XIX) sometimes have delusions of persecution, attributing their misery to the influence of others, but they never react against their persecutors, but accept their supposed injuries as rightly deserved. Persecutory delusions, referring chiefly to mysterious objects and arising from hallucinations, are common to acute alcoholism (Chapter XXIII). Chronic alcoholics are very distrustful, especially as regards the fidelity of the wife or husband. In senile dementia (Chapter XXII) the delusions of suspicion and persecution are usually directed against the patient's own family, resulting sometimes in strange wills being made to the disadvantage of the wife, son, or daughter. On the other hand there is sometimes too much frankness by persons of disordered mind. Thus hypomaniacs (Chapter XVIII) are given to unburden their innermost thoughts to chance acquaintances, and so does the general paralytic (Chapter XXII) to undesirable companions.

* * *

The struggle of different species of animals for existence has especially exposed the weak to continual risk. The consciousness of past dangers has rendered them cautious and caused them to fear their enemy. Hence has arisen the **emotion of fear**, which has as its object in nature to make the animal shrink from danger. This must happen automatically, otherwise it proves useless. There is often no time for reflection. Fear is the guardian instinct of life. Were there no emotion of fear experienced, we should not apprehend danger. Obviously the

first necessity of man's continuance is his avoidance of physical dangers. He must be able so to adapt himself to the physical circumstances which surround him as to avoid placing himself in positions of peril. That the voice of a dangerous oppressor or the sight of danger should depress an animal's energies to fear, diminishing the vascular tone and producing a death-like appearance, must have been originally of huge preservative value in the struggle for existence.

The tendency to fear and to employ the intellect to take precaution has been very unequally allotted to the different individuals of our species. Normally it produces prudence and circumspection ; when deficient it causes recklessness and carelessness ; in excess it causes indecision, cowardice, and in some such a depression of spirits that under the slightest misfortune they fall into despair and think life no longer worth living.

There is no emotion which gets so easily beyond control as the emotion of fear, and none that has such far-reaching effects. The instinct of fear and its offspring—anxiety—weaken, dissociate, and paralyse the functions of the body and mind, When the instinct of fear is at its height it sweeps before it all other instincts. Nothing can withstand a panic. The fear of coming evil, especially the unknown and mysterious, gives rise to the feeling of anxiety. If we expect to suffer, we are anxious. The anxious condition of mind is a sort of diffused terror. Fear and anxiety will interfere with the action of the other mental powers, so that a person finds no longer satisfaction in his usual pursuits and occupation. He becomes restless, sleepless at night, or has his sleep disturbed by disquieting dreams. The activity of all the bodily functions is diminished, hence there is loss of appetite, if not actual indigestion.

Fear and anxiety are common symptoms in purely nervous as well as mental disorders. There may be an indefinite feeling of anxiety not awakened by any particular cause, or it may be definite concepts and external influences which call the fear into action.

Some persons suffer not from general fear, which would render them melancholic, but from special fears, so-called obsessions. They think themselves unable to

execute certain acts on account of a supposed danger connected with them. The helpless situation makes their condition worse. The fear of public places, of enclosed places, the fear of fire in theatres, are all states of fear combined with nervous prostration. The patients rarely need telling that their fears are groundless; much of their distress arises from their being unable to control fears that they realise are "foolish." (See "Neurasthenia," Chapter XVI.)

Some patients feel a lack of security and a lack of confidence in their own ability. They await with apprehension the outcome of every act, and doubt its justification and fitness. There develop a self-torture and an exaggerated feeling of liability. This type of feeling furnishes the basis for morbid fears. Unreasonable excessive apprehension, vague feelings of anxiety, disproportionate grief and depression, with the attention riveted to the painful feeling, such are the symptoms common to melancholia (Chapter XIX). Terrifying hallucinations occur in alcoholic insanity (Chapter XXIII). Morbid anxiety as to health, that is apprehension of disease, is the main condition of hypochondriasis (Chapter XVI). Hypochondriasis is common to otherwise sane people, as, for instance, neurasthenics and hysterical people, as well as the insane. But whereas the former look for sympathy, the latter do not. Moreover, the fears of the neurasthenic do not occupy his whole being and continue all day and night, as those of the insane do. In the insane, too, the assumed disease is usually not an ordinary one, but can be recognised as a delusion fairly easily. On the other hand, fear and its intellectual combinations, caution and prudence, are often diminished or lost in insanity and lead to rash actions, often to the ruin of the patient and his family.

* * *

Some animals have found it useful not to have to hunt continually for food which may prove scarce at certain periods, and hence began to store up things for future use. Thus has developed the **hoarding instinct**, a tendency to lay up provisions for the future.

Man not only stores up provisions for winter, but he

acquires property of every sort and kind for all his life and for his posterity. This is a tendency which varies in different people ; the ability to do so depends on the intellect and other requisite qualities. It imparts the love of possession.

With most men the hoarding instinct is the most prevalent, and according to the development of the intellect and of moral sense it assumes a manner more refined. In the crudest aspect it can be noticed in idiots and imbeciles. They steal without reflection, merely to satisfy their animal instinct.

Some men are grasping, avaricious. The pleasure of avarice consists in accumulating and hoarding up treasures ; in computing and gloating over them ; in a feeling of the power which they bestow ; and likewise in the consciousness of the possession of the means, though there be no disposition to employ them for the purpose of enjoyment ; and finally, it may be supposed, in the anticipation of future gratification they are to purchase, since even in the most inveterate miser there is probably a sort of vague looking forward to the time when his superfluous store will be brought into use to administer, in some way, to the indulgence of his desires and the consequent promotion of his happiness, although such a period never arrives.

The painful feelings mingling in avarice are gloomy apprehensions for the safety of its treasures, with uneasy forebodings of exaggerated ills which would result from their privation. Hence fear, suspicion, and anxiety serve to counterbalance the pleasure arising from the contemplation and consciousness of possession of the soul's idol.

The administration of the means may be perverted, so that expenditure is grossly inadequate. Economy may be pushed to such a degree of miserliness as in itself to constitute insanity. There is unhappiness accompanying every little expenditure, even for the common wants of life, the misery at times amounting almost to agony of parting with even the smallest fraction of that wealth on which the affections are so strongly fixed. A penny goes from the hands of a miser almost as though it were a piece of his own flesh.

Among the perverted manifestations of this instinct in insanity we have, on the one hand, the patient who fears loss of property and destitution or thinks he is already ruined; on the other, the parsimonious man who suddenly launches out into endless extravagance, giving orders for motor cars, jewellery, and other luxuries which he has often not the means to pay for, or else he makes imprudent investments or is given to impractical business ventures.

Another perverted activity of this instinct is *kleptomania*. The origin of kleptomania can be traced to the infant, who will appropriate what does not belong to him; the fascination of any new object, especially a glittering one, may prove too strong. He experiences a pleasurable feeling in touching things. Gradually the infant develops ideas of property, what is his and somebody else's, and learns to suppress the primitive propensity.

Sometimes the older child still persists in appropriating things, now no longer from the pleasurable sensation of handling them, but from the enjoyment which the articles taken bring to him. He no longer takes a penny for the pleasure the handling of a bronze coin gives to him, but because of the anticipated enjoyment of the sweets he can buy with it. With judicious care and timely punishment the failing may be eradicated. With the development of moral sense the propensity will change its character and inspire the honest acquisition of property by proper work, and the original impulse will be suppressed. Occasionally at puberty it reasserts itself, but even then, if no other signs of deficiency, such as lying, are evident, the moral defect may be purely transitory.

Kleptomaniacs we call those persons in whom there is a strong desire to take possession of things quite irrespective of their value, and disregarding risks of detection and the consequences of exposure, accompanied by a feeling of restlessness and anxiety when the impulse arises and a pleasurable feeling of relief and satisfaction on the execution of it. As in the child, it is the appropriation which gives the satisfaction, and not the enjoyment of the article taken, so that the objects

appropriated are usually quite insignificant considering the position and wealth of the patient. In consequence the goods stolen are either thrown away or hidden or they are forgotten.

There may be a difficulty in distinguishing a kleptomaniac from a thief when he happens to have the moral qualities insufficiently developed from brain defect or neglect of education, so that he lacks the inhibitory power to check his impulses. He steals then not so much from the satisfaction stealing gives him, but from the ideas of enjoyment of the stolen goods which prevail in his consciousness. That he is not a thief, in the ordinary sense, is manifest, inasmuch as he will steal still from the mere satisfaction stealing gives him, as shown by his sometimes appropriating articles of no, or inconsiderable, value to him, and without any precaution as to detection. Naturally the law can make no distinction, and punishment must be inflicted to provide a motive for the inhibition of an overactive propensity.

In thieves, more especially in habitual thieves, we have the same acquisitive propensity which we have observed in the animal and child developed to excess in men in whom the idea of having to " work " for a living is most distasteful. They find " thieving " a more satisfactory means of livelihood. In some men in whom there is distaste for work there is no excessive acquisitive propensity, but in its place a propensity to " wander," regardless of its uncomfortable consequences; these form our tramps and vagabonds. Again there may be a distaste for work combined with special qualities of exciting the pity of their fellow-men ; such develop into professional beggars.

The morbid impulse to thieving which we have observed in the genuine kleptomaniac occurs in various conditions of the brain when consciousness has become clouded to a more or less extent, as occurs for instance in some women during pregnancy (Chapter XXIV), or for example in alcoholic intoxication (Chapter XXIII), or sometimes in consequence of a head injury (Chapter XIII); lastly, in the still more clouded consciousness of hysteria (Chapter XVII) and especially in epilepsy (Chapter XXV).

Pregnant women (Chapter XXIV) in the more advanced state experience longings for various things, chiefly for unusual articles of diet however. If the longing extends to articles of dress or jewels and becomes irresistible in a woman, the fact of her pregnancy should be regarded as a secondary consideration, and her general mental state should be examined.

The acquisitive impulse, in its most primitive form, is shown again in mental disorders, such as mania (Chapter XVIII), general paralysis (Chapter XXII), and senile dementia (Chapter XXII). It appears as hoarding instinct pure and simple, such patients filling their pockets or any available receptacle with anything they can lay their hands on, regardless of value, even with mere dirt.

Petty thieving is by no means infrequent in weak-minded individuals (Chapter XXVI), who generally bear evident signs of physical degeneracy. It is especially common in idiots and imbeciles. As a rule they steal without reflection, and merely to satisfy their animal instinct, although they display sometimes a considerable amount of ingenuity and low cunning. (See also "Insanity and the Law," Chapter XXVII.)

CHAPTER III

DISORDERS OF THE SOCIAL AFFECTIONS

We have been considering so far the dispositions implanted by nature for the preservation of the individual, and shall now consider those instincts which are intended for the **preservation of the species.**

The most primitive propensity for the continuation of the race is the **sexual propensity,** which like all propensities may be either depressed or exalted in activity, or may be gratified in abnormal ways. In insanity it is often exalted to an extraordinary degree, leading to the most lascivious conduct. The speech is obscene, the gestures are suggestive of what is passing in the patient's mind, and indecent advances are shamelessly made to all of the opposite sex who come within reach (*Nymphomania* in women and *Satyriasis* in men). The indulgence in the perversions of the instinct is considered by the law as a criminal offence, and since it is often only the forerunner of insanity and unaccompanied by any other symptom, the persons addicted to such practices are invariably convicted and sentenced as sane people. In most cases it is indeed a debatable question whether such people are insane, for their perversion may be merely an acquired habit; but there can be no doubt whatever that all of them are degenerates, and signs of degeneracy are usually not wanting.

In general paralysis (Chapter XXII) the symptom is often mistaken for the cause of the disease if a man of hitherto cleanly life chums with loose women or gives way to shameless indecencies in talk and behaviour. Exposure of the person is common in this disease as well as sexual assaults. It is not only men, but women also, especially during the climacterium (Chapter XXIV),

who, hitherto refined and modest, lose all regard for decorum and the amenities of society, and become negligent, coarse, and indelicate. They will dress up to attract men and run after them, and many a middle-aged woman has lost her character during her "dangerous age." Overexcitation of the sexual instinct is also common to hypomania (Chapter XVIII); men paying marked attentions to women, making hasty promises of marriage, questionable allusions in conversation, or giving way to excesses and indecencies; women showing increased inclination to self-adornment, seeking male society, flirting, talking of scandal, and inventing love-intrigues. Erotic tendencies are often revived in old men in senile dementia (Chapter XXII), which makes them easy victims to designing women and often causes them to be so misguided as to fall in love with very young girls. Sexual "delusions" are frequent in insanity, especially in those patients addicted to unnatural habits.

* * *

From this instinct arises also the morbid desire towards some particular person of the opposite sex which people sometimes manifest without any sensual passion. Since the affection is rarely reciprocated, the person pursued has to suffer from unpleasant annoyances, which frequently lead to scenes, and not uncommonly end in the police court. The promise of good behaviour for the future is broken so often, that at last an inquiry into the state of mind of the morbid lover is inevitable.

Hysterical women (Chapter XVII) seek romance in their love affairs, and if they are not sought after they sometimes interfere with the love affairs of others. Sometimes they are given to imaginary love affairs, as is also the paranoiac. In paranoia (Chapter XXI) the patient usually loves a person above his own social standing, generally secretly and mysteriously, and the affection is purely platonic.

* * *

Closely allied to the sexual instinct is **parental love**, the attachment of the parent to the offspring. This instinct is inherent alike in animal and in human nature,

and is one of the instincts necessary for the protection of the race, for from their helplessness the young have to be safeguarded for a time.

Disorder of parental conduct is not infrequent. The occasional desertions of infants and young children are instances of defect in maternal conduct, defects which are sometimes exhibited by parents in higher social strata. Excess of parental solicitude, to the extent that the health of the parent is damaged, and even the life sacrificed by devotion to the offspring, is not very uncommon, but not necessarily abnormal. Nor can that diversion of the parental instinct which leads an elderly spinster to lavish attention upon a pug-dog, a cat, or a canary-bird, in the absence of any more appropriate object, be looked upon as abnormal. There are, however, perversions of the parental instinct which evince manifest disorder. Chief of these is the rage of destruction directed against the new-born offspring, which is such a frequent and terrible feature in the insanity of child-bed (Chapter XXIV).

* * *

Out of this parental love in human beings developed the attachment of the offspring to the person who takes care of them, afterwards to their brothers and sisters and other companions, as well as the attachment to home, forming the foundation of social life.

There is a great difference among individuals in regard to the strength of **social attachment.** Some men have many acquaintances but no friends ; while others remain attached to certain individuals during every change of circumstance, and do not readily enlarge the circle of their intimates. When this feeling is strong in a person, delight is felt in friendship and attachment, the idea of distant friendship often presents itself, and the glow of affection rushes into the mind with almost the warmth and vivacity of a passion. Those in whom the feeling is weak care little for friends ; out of sight, out of mind, is their practice.

The gregarious instinct is deeply ingrained in human nature. Total isolation from human companionship cannot be endured for long without damage to the mental

health, and partial isolation, such as is suffered by those whose companions are seldom available, or imperfectly congenial, is, after a long interval, also detrimental. The vice of selfishness is intimately associated with a congenital or an acquired loss of the social instincts. The virtue of benevolence represents a transformation of this instinct. Citizenship and patriotism represent the social instincts expanded, idealised, and applied for the happiness and well-being of large communities of men and women.

In certain forms of insanity the social feelings become perverted, persons forming attachments to undesirables and outcasts, as in hypomania (Chapter XVIII) and general paralysis (Chapter XXII); or they become almost extinguished, solitude being preferred to company, as in melancholia (Chapter XIX). Even the death of a dear one may leave the patient indifferent. In others again separation from friends and country is a prolific cause of morbidity, well known as homesickness. The melancholic shuns society from the pain social intercourse gives him. The paranoiac (Chapter XXI) shuns it from mere distrust. The patient suffering from dementia præcox (Chapter XXII) keeps away from relatives and associates, being too much engrossed with himself. At the beginning of mania (Chapter XVIII), the natural affection for relatives is often in abeyance, and as the disease progresses, so the dislike of friends and relations becomes pronounced and increases to actual hostility.

The change in the affection of a patient for his or her own family is often one of the most noticeable changes in character in the early stage of insanity. A patient no longer cares for her husband or for her children, and this lack of affection may be painful to her, since she is still conscious of having been very fond of them up to the time of her illness. Some patients show excessive grief at the loss of friends, often the first sign of oncoming melancholia (Chapter XIX). Others betray their insanity by their indifference to the sorrows of their friends and remaining unconcerned at their death. Sometimes the mental disorder shows itself in patients loving without measure those whom they soon hate without reason.

Long-continued mental disease is especially distinguished by an unsociableness which often prevents patients from speaking to their companions. It is no pleasure to them to be associated with their fellow-creatures. Many of them do not play games, and they cannot combine for any purpose.

* * *

From the social attachment there arose the desire to please, to earn the approval of those who are dear to us, and with whom we live in companionship. A man must so order his conduct as to gain the approval and good opinion of those with whom he consorts, and the desire of gaining and retaining this good opinion is one of the strongest of the motives by which his conduct is prompted and regulated.

Such is the origin of **love of praise** and dread of blame, which are necessary elements in social life, and give rise to the desire to excel, that is to ambition. Exhibitions of perverted and excessive vanity are common in certain forms of insanity. In others one of the first symptoms is a want of attention to these minor observances in matters of politeness, of convention, of ceremony, and of courtesy.

* * *

Not only is external criticism held in account, but by a process of introspection self-respect has originated, and estimation of self and of one's individual work. This **self-love**, one of the principles of our actions, differently modified, is equally productive of pride and modesty.

Self-esteem and love of praise are two distinct faculties, although often confused by people. Self-esteem is often exaggerated to excess when there is disorganisation of intellect, but it is often carried to the ridiculous in perfectly sane individuals, sometimes with reference to personal attractiveness, sometimes in regard to intellectual capability. The " bore " has plenty of it. Some men are successful in life through sheer " cheek."

Self-esteem and self-satisfaction are prominent in hypomaniacs (Chapter XVIII). They admit only their own point of view and their own plans. A silly self-satisfaction is noticeable in the alcoholic (Chapter XXIII).

On the other hand self-esteem is diminished, and there is a feeling of unworthiness in melancholia (Chapter XIX). In general paralysis (Chapter XXII) the patient believes himself to be an exalted personage, but he changes his character almost daily, if not hourly, being one moment a great general, another a king or statesman, a third a millionaire or a strong man, giving ample evidence of the weakening of his intellect. In the later stages of paranoia (Chapter XXI) the patient also believes himself an exalted personage, often an underrated genius, but the character he fancies himself to be is fixed. He knows he is an important person; he can tell you good reasons why. His intellect is perfectly retained, although he reasons from false premises.

Generally speaking, amongst the insane we meet with men immensely overestimating their own importance and the significance of all their actions, engrossed only with themselves, and but little or not at all with external things. In early life there may be perhaps nothing more than a lack of self-confidence. Sooner or later the patient becomes hypersensitive, and gradually surrenders control of his thoughts at will; instead of choosing a line of thought and concentrating upon it, he is dominated by some personal matter, broods over some real or fancied trouble, allowing it to engross attention to the exclusion of all other matters of interest. The habit of indulging in introspection grows upon him, and from being a useful and wholesome practice in the main, as exercised by a healthy, well-balanced mind, it becomes a source of danger when it defies control, and then perverts, hampers, and circumscribes mental action.

Some people are so sensitive to criticism that they anticipate it keenly; they become morbidly shy and shun society. They are too self-conscious. Of course, the emotion of fear is mixed up with it. But it is not merely fear of adverse criticism; they are also shy of praise, and begin to blush all over. It is not always a sense of their own inferiority, for people who are convinced of their own capacities and themselves in other ways, as in their writings, yet evince that shyness before strangers.

Shyness is natural at puberty. In women one takes

it perhaps as more or less natural. Men afflicted with this complaint feel it more keenly, and therefore more readily consult the physician. They feel it when in company as if they were always observed and are doubtful that the observation may not always be sympathetic, or else they are eager to make a good impression and consequently become nervous. A shy person may blush, get confused, have tremors, show restless movements, have a nervous laugh, and a foolish expression with the eyes glancing restlessly in all directions. He sometimes tries to hide his discomfort. In consequence of these feelings he isolates himself from society and even ordinary companions sometimes, and becomes a lonely man, with all the evils of self-contemplation, self-introspection, eccentricity, etc., that are apt to develop in the recluse. Often it is the precursor of melancholia (Chapter XIX).

From the egotistic feeling and that of vanity arises the **feeling of jealousy.** Some people are jealous throughout life; their intense egotism brings this about at an early age, and even as boys and girls they suffer torments of their own creation. They conceive a violent affection for one or other of their comrades, which affection may not be returned with equal ardour, and so endless quarrels arise if the beloved one forms a friendship with any other boy or girl. In some this jealousy with regard to members of the same sex continues through life, there being no feeling of the kind for the other sex; but in the majority of cases it is connected with the sexual feelings, and instead of the loves of boys for boys, and girls for girls, we find insane jealousy of husbands and wives, and an equal jealousy also in the unmarried or widows who are keenly anxious to enter the matrimonial state. The irrational display of this feeling leads to suspicion, searches, and doubts, and is sometimes carried to such an extent that a man's or a woman's life is made intolerable.

Irrational jealousy, as distinguished from that on reasonable grounds by sane people, is often a symptom of insanity. Thus a chronic alcoholic (Chapter XXIII) may suspect his wife of infidelity, and from a morbid suspiciousness will find evidence in trivial circumstances. Again, women suffering from the mental disorders

sometimes accompanying pregnancy or later in the climacterium (Chapter XXIV) become suspicious of their husbands, and are on the look-out for evidence, when trifles light as air will satisfy them of his guilt. They believe themselves neglected, search the husband's pockets, examine his blotting-pad, open his letters, and do other mean things to satisfy their unreasonable suspicion. Sometimes they accuse their women friends of intrigue ; indeed, there is no knowing what a woman, suffering from an insane jealousy, may do. In the extreme there is danger of the jealous person, whether woman or man, becoming vindictive and inflicting an injury or causing even death.

CHAPTER IV

DISORDERS OF THE INTELLECT: PERCEPTION, MEMORY, REASON. HALLUCINATIONS, ILLUSIONS, DELUSIONS

* * *

I. DISORDERS OF PERCEPTION: HALLUCINATIONS AND ILLUSIONS

MAN possesses, in addition to the feelings he has in common with animals, intellectual powers of a superior order and higher sentiments which are peculiar to the human race. The intellectual powers are observation, memory, reason, and imagination. According to the degree of their development, so is the intellect of the individual petty or great.

It is beyond dispute that the perceptive powers are the primary faculties of intelligence, and supply the raw material, as it were, for all intellectual exertion. Perception is a complex process. Our various representations, the different impressions made by the senses, would not exist for us without this element, which gives them unity and makes them an object of understanding. Perception is, then, sensation plus intellection; the sensory ideas, whether visual, auditory, tactile, or other, on entering the domain of consciousness, are studied in all their relations to self and the external world.

The commonest form of sense deceptions are **hallucinations** and **illusions.** The essential difference between the two is that the hallucination is purely a brain-creation without any external stimulus to produce it, whereas an illusion is aroused by some real object outside the brain, and is, in fact, a misinterpreted sensation. Sense deceptions may occur in the sane. Their importance

in insanity rests on the fact that they exert a powerful and irresistible influence over the entire thought and activity of the patient.

Hallucinations depend upon disturbance of the centres of sensation, so that the person may hear, see, smell, taste, and feel things which have no external objects to evoke them, and yet so vivid is the impression made upon him, because of some abnormal excitation in his brain cells, that are ordinarily only excited by real objects, that he feels certain that the things heard, seen, etc., really exist in the world outside, though in truth they originate in his own brain.

Besides the deception of the special senses, there may be hallucinations of general sensation and visceral feeling, as well as of the cutaneous surfaces.

If the hallucination is recognised as such, it is a *sane* hallucination; but in reality there is no such thing as a normal hallucination, although presumably normal individuals frequently experience them. Even in sane hallucinations there is, for the time at any rate, some disorder of the brain, some central disturbance in the brain mechanism. Even the presumably normal subjects of hallucinations, in the majority of cases, are mentally or physically exhausted, or are ill, or are in the half-dreamy state between sleeping and waking at the time of the appearance of the hallucination. Hallucination may then be defined as a morbid phenomenon, the result of dissociated cerebral action, by means of which a perception that has no objective basis or reality is subjectively perceived by the conscious mind and projected externally.

If the hallucination cannot be recognised as such, it leads to a falsification of consciousness, and becomes an *insane* hallucination. In some instances patients can recognise them as at least very unusual, and so are often capable of concealing their existence for longer or shorter periods, as the case may be.

Suspicion of insanity is always excited if hallucinations are present, but are not in themselves decisive as to the existence of insanity. They occur also in fevers and intoxications. The most that they prove is the existence of an abnormal cerebral condition. Hallucina-

tions appear in their true light only when they stand in relation to other elementary disturbances, such as attacks of anxiety, etc., and when in the disturbed state of consciousness they are no longer corrected and influence the actions of the individual.

Hallucinations of all the senses may occur at the same time, or there may be disturbances in only one or two fields. They may be agreeable, but more often they are disagreeable. Unpleasant hallucinations often give rise to dangerous conduct on the part of their victim.

Hallucinations of *taste* are frequently found with delusions of poisoning. Delusions of the food being poisoned or unfit to eat occur for instance in melancholia (Chapter XIX), hence such patients may refuse to eat.

When the sense of *smell* is affected, patients frequently complain of foul odours, of gases being forced into their sleeping apartments, and such complaints are not uncommon with certain forms of persecutory delusions, which are largely based upon them.

Hallucinations of *sight* are particularly characteristic of toxic interference with cerebral action. They are common in all forms of alcoholism (Chapter XXIII), in poisoning by various mineral and vegetable drugs, in exhaustion, starvation, and long-continued thirst. Hallucinations of sight occur in acute mania (Chapter XVIII), horrible scenes are witnessed in the hallucinations of melancholics (Chapter XIX), repugnant objects in motion are seen in acute alcoholism (Chapter XXIII), fear-inspiring visions occur in inanition delirium (Chapter IX), and frightful hallucinations in puerperal mania (Chapter XXIV). Insane epileptics (Chapter XXV), too, are sometimes subject to terrifying hallucinations, and ecstatic visions are sometimes seen by hysterical women (Chapter XVII).

The most common hallucinations are those of *hearing*. The patient hears voices, and generally words expressing definite ideas, though he is often unable to properly refer them to any speaking person. Sometimes, instead of external sounds or voices, the patient has a consciousness of an internal voice that may be as real to him as any external auditory perception. At first the voices may be

indistinct, but upon constant repetition and evolution from subconscious thought they acquire intensity, eventually dominating the life of the individual. They may at first be considered as the result of noises in the ears, and be corrected by the patient; but after a time the iteration, together with brooding upon their derisive tone, conduce to a full belief in their reality. Their utterances may be agreeable, but it is more often the case that they are abusive, threatening, or commanding, and annoying or absolutely distressing to the patient. The belief in their reality is so absolute that they are a positive source of danger, for one day the subjects may be able to control themselves and disregard the "voices"; the next, they may feel bound to obey them and do what they command, whether it be homicide or suicide.

Hearing voices is often the first sign of brain disturbance, and this state can remain stationary for years; but for these voices such people may be in all respects sane, and conduct themselves as ordinary members of society, yet they are always to be looked upon with suspicion. Abusive and threatening voices are commonest in paranoia (Chapter XXI). They are constant, and follow the patient wherever he goes.

Illusions are also deceptions of the senses, but they have an outside object as a starting point. An illusion is a false perception of a real impression. The object is not recognised in its real character, but is perceived as something else. The patient really hears, sees, tastes something, but thinks it is other than it is. He misinterprets it. His sense impressions are as correct as ever, but the judging power is at fault. Some persons may experience illusions, but by bringing closer investigations and judgment to bear on them they are able to correct the false impressions. The sane man compares the visual object of delusion with the impressions of other senses and the perceptions of other persons; this is exactly what the madman cannot do. He concludes that what is only an illusion is a reality. But the illusion is not the madness. The madness lies in the want of power or resolution to examine. The insanity depends on whether the morbid sensation is meditated on and

indulged in, and thus acquires fresh force, or whether by exciting other sensations it is weakened, and by degrees vanquished.

The illusion like the hallucination may be of a pleasant or unpleasant character. Illusions of sight are the most common in the insane. Next to illusions of sight come, probably, those of hearing, and all the senses may be thus subject to misinterpretations in states of mental disease. A very striking class of illusions is that of the internal or visceral sensations ; a vague bodily sensation is attributed to some special cause—such as having a snake in the abdomen—altogether different from the reality.

* * *

II. DISORDERS OF IDEAS, MEMORY, AND REASON: CONFUSION AND DELUSION

The powers of observation impart retentiveness and supply the essential material for practical knowledge.

It is by means of the memory that we are able to recall former impressions and so form concepts upon three things : the vividness with which we are impressed with things presented to our minds, the power of retaining things presented, and the capacity to reproduce the impression. Without memory there would be neither past nor future. As there could be no recollection of the past, there could be no conception of a future, for this is the result of reflection, and without memory there could be no reflection nor any ideas to reflect upon.

Anything which affects the normal reproduction of ideas affects the memory. The ideas may come so quickly into the mind that each one gets effaced because there are so many, or there may be conditions in which something interferes with the formation of memory pictures. In excited cases we see facilitated reproduction of ideas, so that things previously experienced and things experienced at the present time crowd so close that a jumble of ideas is the result.

When the accuracy of memory is disturbed, we see the patient unconsciously distorting facts when telling them, or he may fix real experiences and imagined

experiences together without knowing it, or may deal in fabrications which are really hallucinations of memory—the patient weaving an account of things often improbable and contradictory, that never existed, yet doing this all unconscious of the untruth.

Defects of memory increase as age advances, and are most marked in elderly people. Defect of memory is, of course, a matter of degree. No one remembers all his experiences, and to forget is as natural and as normal as to remember, nor can any clear line be drawn between a defect that is within the normal and one that is beyond this bound. In practice, however, little difficulty is experienced in deciding that a defect of memory is morbid in degree, since by common consent no defect is considered morbid that is not extreme.

Loss of memory is often very marked in insanity. The power of recollection—especially of recent events—disappears or is considerably diminished in general paralysis and in senile dementia (Chapter XXII). At the commencement of the former disease there is forgetfulness of ordinary duties and of details of business. Sometimes the recollection of former years is present, but no recollection of what has happened half an hour ago. Sometimes, also, there are delusions of recollection on account of the memory picture being insufficiently fixed. Or events that never happened are remembered as realities. On the other hand a very profound degree of apparent dementia is not inconsistent with an almost perfect recollection of events. The memory is impaired in chronic opium poisoning, and more so in chronic alcoholism (Chapter XXIII), where there is instantaneous forgetfulness of events which have only just transpired. On the other hand, in hypomania (Chapter XVIII) the memory is stimulated, so that the patient may be able to recall whole pages of poetry or to quote extensively from standard works.

One important factor in order to remember is to exercise attention. There can be no accurate perception, and therefore no memory without this power of attention.

The power of attention of a sane man has to be considerable, so that he may hold his ideas in the right order for a long time without fatigue. In idiots, on

the other hand, it is occasionally so completely wanting that they cannot swerve the slow current of their ideas. Between these two extremes every possible grade of this power is met with.

Absence of mind is common to sane persons, but more so to insane. Reverie and day dreaming should be discouraged amongst neurotic subjects. An excess of it is often an early sign of insanity, and so also must persons holding loud conversations with themselves arouse suspicion.

Attention is variously affected in the different forms and degrees of insanity. There may be mere blunting and retardation of the attention and there may be suppression of the attention. The latter state occurs in stuporous patients where even shaking them will not rouse them, although they remember afterwards what has been going on around them.

* * *

The power of reasoning upon the knowledge gained, of tracing the relations of cause and effect, and of determining the analogies which obtain among things essentially dissimilar, comprise the next development.

Most of the insane do not so much appear to have lost the faculty of reasoning as to have formed together some ideas, very wrongly ; they mistake these for truths, and they err as men do who argue wrong for right principles.

When insanity affects the intellectual sphere, there may be abnormally slow thought or abnormally rapid thought, giving rise in the one case to dearth of ideas and expression, with a depressed emotional state as in melancholia (Chapter XIX), and in the other case a rapid flow of ideas, as in mania (Chapter XVIII), and a more and more jumbled way of expressing them as the disorder progresses, this latter condition being accompanied by an exalted emotional state. Sluggish thought and slow halting speech, or no speech at all, is opposed, in the one condition, to rapidity of thought and speech, the flow of words increasing to a disconnected *flight of ideas*, till finally the association between the ideas can no longer be traced by the bystander. Such a stream of thought is called *incoherent.*

Increase in the rapidity of thought is common to all states of mental exaltation, and the degree of rapidity of ideation is a valuable measure of the intensity of the cerebral excitement. The rapidity of thought may increase to such an extent that the patient loses the thread of conversation, he is no longer able to arrange logically the abundance of material that comes to him, and expresses senseless ideas, disconnected sentences, words, and syllables. In this condition logical thought has necessarily come to an end, and, since the flash-like ideas can no longer be co-ordinated or placed in logical sequence, the result is incoherence. Incoherence of thought and speech is, however, not exclusively the result of increase in the rapidity of thought or a symptom only of maniacal states; it occurs also in various other abnormal conditions.

Whilst rapidity of ideation leads to *verbosity*, slowing of ideation induces *taciturnity*. The person speaks only after long pauses and much hesitation, in a subdued voice, and only in response to very strong stimulation or to categorical and persistent questions. (See Disorders of Speech, Chapter V.)

In hypomania (Chapter XVIII) the acceleration of ideas is at all events at first so slight that the patient may give the impression of being an entertaining conversationalist, full of esprit, wit, and humour. It is in mania proper and in acute alcoholism (Chapter XXIII) that the ideas get confused, and often there is a repetition of ideas. The intellect is restricted in epileptic insanity (Chapter XXV), there is mental enfeeblement in chronic alcoholism (Chapter XXIII), and progressive mental weakness in a formerly clever youth occurs in dementia præcox (Chapter XXII). In melancholia (Chapter XIX) the intellect also remains clear, its processes are only retarded, because thinking becomes painful, so that the ideas do not flow, the response to questions is slow, and patients are incapable of long sustained mental effort. The most marked derangement of ideas is of course in dementia (Chapter XXII).

A lack of ideas is characteristic of idiocy and imbecility from arrested brain development (Chapter XXVI), and, since the intellect acts as an inhibitory force and

checks the animal passions, there is lack of self-restraint in the weak-minded. As regards his stock of ideas, the imbecile has been described as a pauper, the dement as a bankrupt. Their intellectual level is the same, but the one does not rise because he is unable to learn, the other falls because he has unlearned what he knew. The imbecile is and remains mentally a child, but the dement retains from his bankrupt stock remnants of developed intelligence.

Thoughts are a man's constant companions. As an essential part of his being, and incorporated by his own act into his very self, they are always, and sometimes very obtrusively, occupying attention. They may be the means of minimising the ills and multiplying the blessings of life according as they are employed wisely or are allowed to brood miserably. In the sane person thoughts are *guests* entertained by choice and under control; in the insane the thoughts, or some particular thoughts, are *intruders* who have been unwisely allowed to force an entrance into the sanctuary of the mind and cannot be got rid of.

Some patients have ideas which irresistibly force themselves into consciousness and are of an unpleasant and harassing nature. The patients are compelled to think constantly of some shocking experience or misfortune they have had or are anticipating.

Obsessive ideas do not originate from the reason, they only interrupt it, and hence cause a conflict. The ideas are not willed, because they are recognised as fruitless and vain; nevertheless they persist. They arise from the emotional state, and the intellect protests against them. Even normal persons sometimes are annoyed by some persistent idea, but, not paying serious attention to it, the idea vanishes. The person, however, who is suffering from brain-fatigue or nervous exhaustion (Chapter XVI) cannot shake off the morbid idea, because it represents some emotional state, generally fear. It is not that his intellect is perverted, but one of his feelings has become over-active.

Behind the *imperative* idea there is to be discovered a **phobia**—that is to say, a special and original form of fear. There are very few timid normal persons who

cannot boast of having at least a partial form of courage ; and there are very few brave persons who do not present at least one very limited form of pusillanimity. If the lack of harmony becomes a little exaggerated, it forms the obsessive atmosphere of a phobia, from which there arises the imperative idea or impulse.

Fixed ideas are characterised by the obstinacy with which they remain in the field of consciousness, and by the manner in which they attract to themselves and hold fast the attention of the patient without there being any justifiable objective reason for their immobility. Moreover, this fixity is recognised by the patients themselves as something clearly morbid, and they feel that it constitutes an obstacle to the normal course of ideas and actions, an extraneous element in the normal current of thought which no effort is able to dislodge.

Fixed ideas may consist of words, numbers, phrases, or melodies, but they can also take the form of representations of useless, frivolous, or shameful acts, accompanied by the tendency to execute them, e.g. obsessions of counting objects uselessly, of stepping in a certain way, of touching certain things in a regular order, of uttering obscene words, or injuring persons dear to one. Or the natural repugnance associated with certain acts is enormously exaggerated : thus there may be fear of contamination, of contagious diseases, of going into dangerous places. Or the fixed ideas consist in the representation of the impossibility of accomplishing certain acts, a representation which is translated into a real impossibility. Again, they consist in the representation of involuntary phenomena, which, however, may actually take place through the simple suggestive effect of the representation as in the fear of blushing and in obsessive insomnia (Chapter XVI).

In all these cases the constitution of the ideas is evidently unpleasant. When the idea is in itself of trifling importance, it is its fixity only which renders it unpleasant. Probably the idea which is presented in an unusually insistent manner does not assume the character of a fixed idea until its particular insistence has become an object of attention and a cause of uneasiness, and has been rendered not only harassing, but

is also feared. The affective disturbance is the most constant element, and the one which explains how an idea is rendered stable which otherwise would be swept away very quickly by the ordinary current of association.

Such imperative ideas, or obsessions, are thoughts which are fixed in consciousness with abnormal intensity and duration. Their content is as varied as that of delusions. They occur in neurasthenia (Chapter XVI) and hysteria (Chapter XVII) as well as in the course of mental disease, such as melancholia (Chapter XIX) and paranoia (Chapter XXI).

Under all circumstances where such imperative thoughts and fears occur there is a state of irritable weakness in the central nervous system as one symptom of a temporary or lasting functional weakness of the brain.

Some patients have persistent ideas unaccompanied by any feeling, and others "run to death the same ideas," as for instance in dementia præcox (Chapter XXII). Again, others have so little control over their ideas that in their speech they, so to say, "run off the line" by introducing a great multitude of non-essential accessory ideas, which both obscure and delay the train of thought. They are diverted by unimportant ideas, reminiscences, and incidents, and need to be frequently led back to their subject.

Confusion of thought is extremely common, both in the sane and in the insane, and is an inseparable accompaniment of delusion; but it is often present also where there is no such definite belief as the term delusion can be applied to. By confusion of thought is usually meant a state of mind in which there appears to be a flow of disconnected and incongruous ideas, and in which the flow of language, at any rate, is disconnected and incongruous or, as it is usually called, incoherent. The patient may not himself be aware of anything unusual or abnormal in his mental condition, or he may feel and know that he is confused, and deplore his confusion. Whether recognised or not by the patient, it is always difficult to bring home to him the incorrectness, absurdity, and preposterous character of his thoughts, and this difficulty will be found to rest upon the existing confusion.

Confusion is an important symptom in states of

great exhaustion. In these cases it is to be attributed to a functional weakness in the logical combination and association of ideas as a result of which the threads of thought are continually broken, the train of thought rendered imperfect, and often totally unrelated ideas admitted into the mind. Of this nature, in such delirious states of weakness, is the constantly occurring interruption of the logical processes of thought by delusions, illusions, and hallucinatory perceptions, which in themselves call up chains of ideas that are totally inharmonious. (Hallucinatory confusional insanity, Chapter IX.)

Patients vary, too, in the clearness of their consciousness. In many insane states the consciousness is clouded and renders the mental processes difficult. If recovery is sudden, as I have witnessed sometimes, the patient wakes up as if from a dream. In clouded consciousness there is often disorientation. Such lack of orientation—*i.e.* comprehension of the environment—may arise from disorder of memory, apprehension, or judgment, or these causes combined.

* * *

The power of deduction, finding out " the reason why," is an intellectual gift of humanity, which cannot be prized too highly. But like all other mental qualities, it too can be perverted. There are patients who for ever ask and try to answer questions to themselves, some of which are absurd, some metaphysical. It is with them as though the " why " of childhood were carried on to adolescence and maturity. Certain ones of this type will query, for example, " Why is the grass green ? " " Why did God create man ? " Some will debate with themselves as to whether, if they had pursued a certain course, the result would have been this way or that way. The broader the education, the more inclined are these persons to mental rumination on metaphysical questions. Others confine themselves to trivial subjects. If they are not interrogating themselves, they put questions perpetually to others. They must know the how, wherefore, and why of everything. Every answer they receive is met by further questions, so that they become a nuisance if not an embarrassment to everybody.

When a person holds a belief that is demonstrably

false—a belief that has arisen because of some disturbance in the perceptions and inability correctly to interpret them—and when he is unable to see the falsity of his judgment even when clearly pointed out to him, he is suffering from a delusion. It matters little what the patient believes, or how many false beliefs he holds; the fact that he holds any one false belief, and holds it persistently and is unable to correct it, shows him to be insane, even though many of his mental faculties appear to be in their usual working order. People sound of mind may at times have delusions, but the essential difference between the erroneous conceptions of the insane and those of the sane lies in the fact that the former are not able to correct their sense errors, while the sane do so. In fact, a delusion is "a fixed belief in something that would be incredible to sane people of the same class, education, and race as the person who expresses it."

Delusions are frequent, but by no means absolute, signs of insanity. It would be a great mistake to recognise insanity only when delusions can be demonstrated. In the early stage of insanity the delusion may not yet have developed, or the patient may suffer from a form of mental disorder, in which no delusions occur; or he may suppress his delusions, or, even though present, they may not reach his consciousness. The sane may entertain the most outlandish false ideas, and even in this respect surpass the insane. On the other hand, the delusion of an insane person need not necessarily contain an objective impossibility; indeed, the delusion itself may be objectively correct and at the same time have the value of a delusion. A delusion in an insane person is a symptom of a general abnormal condition and is related to other symptoms. The error of a sane person depends upon a defect of logical judgment or upon a false premise that has arisen out of uncertainty, carelessness, or embarrassment in the act of perception, such as superstition. A delusion of the insane is a symptom of brain disease, and therefore logic and reasoning are powerless against it. The sane person will see his error and correct it as soon as it is shown to him to be absurd.

The delusion of an insane person always has a subjective significance and an inner relation to his interests; that of a sane person appears only as an objective error. Thus, both may believe in witches: the sane person, however, as a result of superstition and ignorance; the insane person believes in them because he sees, feels, and believes himself threatened by them.

Whereas the well-balanced person would check an erroneous flow of thought by sound mental orientation, the insane, instead of trying to check the mental error by seeking for the proper explanation of perplexing facts as soon as the delusional construction is under way, reaches out for every fact, recent or old, that falls within his knowledge, and contaminates it with a delusional and special significance to suit his primary conception.

The cause that gives rise to delusions is an imperfect adaptation of the individual to his surroundings. All delusions consist of fixed ideas, and vary only according to the individual culture of the patient; otherwise they are always alike, or, at least, they follow their course of development in exactly the same manner in the same individual.

Of course delusions are also caused artificially by means of various drugs, intoxicants, or toxines of organic or infectious nature.

In infectious diseases or diseases due to auto-intoxication (Chapter IX) the impure blood which circulates in the brain gives rise to a number of mental images and ideas which, while spurring on one another, are unsystematised. In the brain disease of the insane, on the contrary, although there, too, there may be infected blood circulating, the effect produced is totally different; in this case the ideas are in unison with the fundamental tendencies of the individual, and they dominate him as long as they exist. In brain disorder or disease the ideas always have an intimate bearing on the personality itself. That personality may be depressed, exalted, or tortured by them, but they always bear the imprint of the personality, and this is explained by the fact that the cause which brings about the morbid changes does not come from outside, as is the case in fevers, intoxications, etc., but are the products of the brain itself.

Both hallucinations and illusions, when believed in as real, give rise to false beliefs and delusions. The patient hears voices, yet he often fails to see any one to whom he can refer them. Accordingly he assumes in his mad way that the walls are hollow, that the voice comes through a telephone, or the like. Many patients hear voices insulting them, and are thereby led to form ideas of persecution. Or again, they have visual hallucinations. Forms appear and disappear in a very different way from the forms of external objects really present to their senses. Yet they cannot help regarding them as dependent on real external events. So they hit on a way out of the difficulty by, for example, supposing that some one is working mirrors and so conjuring forms up before them.

Some delusions are simply the result of suggestion acting on exalted emotional conditions when judgment is in abeyance ; many originate in dreams or are conceived in the half sleep or the dreamy states of consciousness of many forms of insanity, and afterwards, by reason of constant brooding, become fixed and enduring ; or they may be developed as a result of external impressions, as when a paragraph in a book or newspaper is misconstrued, and by a process of false reasoning twisted to suit the insane purpose of the individual.

In other cases they are simply the result of day-dreams of an ill-organised intellect. In still other cases they arise from excessive dwelling of the mind on single ideas and suspicions ; they take their start from an egotistic misinterpretation of facts, a sort of mental illusion. Whatever their origin, they are symptoms of defect of intellectual discrimination or judgment—that is, of a disordered intellect.

The most frequent delusional ideas of the insane are personal humiliation and degradation, remorse, physical alteration of the personality, ideas of grandeur and mystic ideas. These delusions are generally fixed, and they invariably refer to the emotional side of the individual's personality, because they are entirely of subjective origin, and because their component ideas are not correctly regulated by conscious ideation of external origin.

Sometimes the conduct of others, wrongly interpreted, is the starting-point for the wrong belief. Sometimes bodily sensations cause the patient to build false beliefs upon them.

Sometimes the whole personality is in some way altered, but the patient is unable to describe the alteration which he feels; sometimes the altered personality co-exists with the original personality, and the patient believes, in a confused way, that there are two beings within his body, or that he has another self somewhere outside of himself. Sometimes the personality is actually changed, and the patient has forgotten his past life and has changed to a man of totally different character. Another variety is the patient who believes that he is possessed by a stranger or intruder, who thinks his thoughts, speaks, and acts for him; or that he is possessed by an inanimate object.

The delusions which refer to self and surrounding circumstances are either depressive, as in melancholia (Chapter XIX), or exalted, as in mania (Chapter XVIII) and general paralysis (Chapter XXII), later stages of paranoia (Chapter XXI) and dementia præcox (Chapter XXII), and may be accompanied by a feeling of misery as in the former or happiness as in the latter. Patients may suffer from delusions of unworthiness and incompetence, self-accusatory delusions, delusions of sin and crime and vice on the one hand, and of impotence and inability and incapacity on the other. Persons affected with delusions of this class abandon themselves to despair as sinners of the unpardonable sin, or give themselves up to the police for crimes that they have not committed, or confess to faults and vices of which they are wholly innocent or which they greatly exaggerate. They have brought themselves to ruin; they have brought poverty and disgrace upon their families; they have in some unexplainable way involved the whole village, the whole country, the whole human race, in ruin and disaster. There is no solace for them in this world and no hope in the next. (See Chapter XIX on Melancholia.)

Or the patient may suffer from delusions of suspicion, persecution, and conspiracy. As he goes about the

streets he thinks the people talk to each other about him, or look at him in a significant way; their attitudes, their gestures, their very dress even, contain some occult quality which is intended to—and does—annoy and injure him. Sometimes it is a mysterious malign influence which is exercised over him. It may be by means of hypnotism, electricity, wireless telegraphy, or chemical vapours, as in paranoia (Chapter XXI).

On the other hand, the false beliefs may take on an expansive character. The patient has delusions of exaggerated worthiness, competence or power, or the esteem in which he is held. The patient believes himself to be some exalted personage, or may think himself capable of great feats of bodily strength, of unprecedented mental vigour, of untold wealth, or marvellous inventive, artistic, or executive ability. Such delusions occur in mania (Chapter XVIII), general paralysis (Chapter XXII), paranoia (Chapter XXI), and dementia præcox (Chapter XXII).

As before stated, in the early stages a patient may suffer from insanity and yet have no delusions. He may be depressed, out of spirits—he cannot tell why. His business or even his amusements may be a nuisance to him. He may dislike seeing his friends, find even writing a letter a bore, and be irritable to those about him in a way he never was before. But as yet there are no distinct delusions. Conversely, a patient may display a state of exaltation and of change in this direction without delusion, as in hypomania (Chapter XVIII). He may talk in an excited and rapid way, much more than is his wont. He may be inclined to speculations, may build new houses or buy things he does not want, be disposed to quarrel, and by no means willing to take advice. He may sleep but a short time, rising very early and expecting others to do the same, and his whole conduct may be foolish, often causing his friends a fear that he has been giving way to drink. But all the time there may be no delusion. The fact that a patient has delusions is, as a rule, an indication that his mental disturbance has existed for a certain time and proceeded to a considerable depth.

CHAPTER V

DISORDERS OF THE HIGHER HUMAN CAPACITIES

GENIUS, ECCENTRICITY, AND INSANITY

ONE of the peculiarly human acquisitions is the faculty of speech. Speech becomes frequently affected in insanity, and the variety of its disturbance is a valuable aid to diagnosis. There may be increase in the rapidity of speech, from merely a rapid flow to actual incoherence, or the speech may be slow and stuttering; or there may be mutism, there may be inability to say certain words, or to put the right word in the right place; there may be silly affected speech, baby talk, senseless jargon, and gibberish, or wearisome repetition of a word or a phrase, or difficulty in pronouncing words; or there may be scanning speech. The unusual association of words, rhyming, and punning are also among the symptoms often noted. As a rule, the insidious approaches of mischief are generally foreshadowed by symptoms so trivial that they pass unobserved by patients and their friends.

There may be a slowness and difficulty in expression and answering as in melancholia (Chapter XIX), in consequence of the painful effect any mental operation causes to the patient. The tendency to silence is often very strongly marked in acute melancholia, and may be interrupted only by cries and ejaculations of a painful nature. Disconnected sentences and meaningless phrases are repeated in inanition insanities (Chapter IX). Speech in monosyllables occurs sometimes in dementia præcox (Chapter XXII). The speech may be slow in consequence of the feebleness of the mental processes, as in dementia (Chapter XXII). It may be voluntarily restrained in order to conceal secrets, as in paranoia (Chapter XXI),

or retarded in consequence of hypochondriacal ideas (Chapter XVI).

There may be incessant talking, as in hypomania (Chapter XVIII), the patient allowing nobody else to speak. The speech may be flowing rapidly owing to the wealth of ideas, coming on so quickly that the sentences remain unfinished; but speech can be also flowing with a scarcity of ideas, as is peculiar to many sane people.

The voice of the patient is almost always altered, becoming low and almost inaudible in melancholia, but high in pitch in mania.

In connection with speech, it will be appropriate to consider here the handwriting of the insane.

In general, it may be said that every principal form of mental disease has certain peculiarities of writing and expression, and that the patient in his writings, when he feels less under observation, gives freer expression to himself, and thus betrays more than in conversation. This is especially true of patients who obstinately refuse to talk because of delusions and imperative voices which command them to be silent. It is also often astonishing that patients who are quite rational in conversation, in their writings express the most irrational ideas. Writing that is rational does not exclude insanity any more than does rational speech. The writing of insane patients may reveal delusions otherwise concealed; the style may enable a judgment of mental capabilities, and in its outward form permit a conclusion concerning the state of consciousness; and the writing itself may be of importance in determining the existence of the slighter disturbances of co-ordination.

In many cases the writing of insane patients is decidedly incomprehensible, as the result of employing words in a new sense, transposition of syllables, the addition of senseless syllables, or substitution of hieroglyphic and symbolic signs for letters.

Words improperly written or the absence of words, the repetition of words or complete phrases several times, show disturbances of consciousness.

In addition, while writing, the patient often forgets his real object, so that in the same letter he addresses himself

indifferently in several languages, delivers the letter unfinished, and forgets to put the address, the date, or the signature. Too, the outer appearances of a letter, the paper, perhaps found in the sweepings and covered with blots, indicates clearly the great disturbance of consciousness.

Since writing gives greater clearness of thought than does speech, it is a very fine test of states of mental weakness.

Imbeciles write the least (Chapter XXVI). The childish formation of sentences, awkwardness and lack of clearness in diction, indicate a high degree of mental weakness. Melancholic patients also write little (Chapter XIX). Here mental pain and inhibition are a hindrance. The monotony of thought reveals itself in the continuous repetition of the same complaints, fears, and self-accusations. The writing does not flow in a stream ; it can be seen that the patient overcame his inhibition only spasmodically, and was able to express his thoughts only in fragments. Not infrequently the letters themselves are written with a trembling hand.

The maniac (Chapter XVIII) writes much and rapidly, with a firm, steady hand, in large letters. It is thus a true picture of his accelerated thought, which oftentimes the hand is unable to keep up with, so that words are left out and sentences remain incomplete. If the flight of ideas becomes greatly intensified, then the handwriting degenerates into an undecipherable chaos of words and sentences that run into each other. In his impulse to write, the patient writes in all directions on the paper, and does not trouble himself about the material which he may have at hand.

Paranoiacs (Chapter XXI), especially the querulous and erotic, are voluminous writers. Changes in their handwriting, consisting of curious eccentricities, curves, and the underlining of words and syllables are noticeable. The diction may be faultless, bombastic, or curious, in accordance with the nature of the delusions and the state of consciousness. The content of the writings of paranoiacs is of great value, since it often reveals delusions which are carefully concealed in conversation.

The writing of patients belonging to the paralytic group (Chapter XXII) presents special peculiarities. The disturbance of co-ordination finds its graphic expression in handwriting that is indistinct or childish, zigzag or tremulous, and without distinction in shading.

* * *

Another highly developed human quality is the power of **imagination**, the creative faculty which enables us to visualise vivid mental pictures of the unseen and unknown, thus differing from memory, which only recalls the known and that which has impressed our senses.

A marked feature of impending mental disease is seen in the tendency to allow the mind to wander away from the proper duties of life and luxuriate among scenes of the imagination or of ill-regulated fancy, so becoming dreamy and abstracted. Day-dreaming is done by the sane and overdone by the insane. In excess it is fraught with serious mischief to the mind. There is pleasure attached to its illusions, which renders it seductive and dangerous. Great activity of the imagination regularly accompanies an increased susceptibility of thought to external causes and susceptibility to auto-suggestion. Mental abstraction occurs also in hysterical insanity (Chapter XVII), and day-dreaming and immature philosophising in dementia præcox (Chapter XXII).

* * *

Men possessing imagination in a high degree sometimes tend to elevate and endow with super-excellence every idea conceived by the mind, and this stimulates the other powers to imagine scenes and objects, invested with the qualities it delights to contemplate. In this manner originated the **æsthetic sense.**

Moreover, persons with a lively imagination are generally very susceptible to impressions, some only to the impression of objects, others to living things ; hence are they easily affected by the happiness and distress observed in others, and if their mental organisation supplies them not with counteracting motives, they may act up to the feelings produced in them, and exhibit kindness, charity, and generosity, thus leading on to the spread of happiness. This is the origin of the **altruistic**

sentiment. One of its elements, sympathy, is that susceptibility which renders one individual ready to catch the contagion of the emotion of another individual, leading men to grieve at the sorrows and rejoice in the pleasures of their fellow-men.

In insanity men often become abnormally egotistic; or else there is apathy or indifference; rarely the altruistic feeling predominates.

As a rule, the higher mental faculties, those which are added latest in the scale of evolution, are the first to deteriorate, hence a change in the moral nature of man is often the first symptom of unsoundness of mind. Failure and decay of the moral sense occur in several forms of insanity, for example in general paralysis (Chapter XXII). In chronic intoxication, as by alcohol or opium (Chapter XXIII), it takes the form of untruthfulness, loss of sense of honour, and loss of regard for the feelings of others. There is, too, ethical insensibility in chronic dementia (Chapter XXII), and there are other forms of weak-mindedness, when people yield readily to temptations and cannot appreciate utilitarian considerations.

Ethical sensibility is exaggerated in certain forms of insanity, conscientiousness becomes hyperactive, and patients accuse themselves of having neglected their duty, or they worry about supposed sins committed in their early youth, of which they had not thought until the commencement of their illness. When delusions are added to this state of mind, such patients make all sorts of self-accusations. (See Melancholia, Chapter XIX.)

Not infrequently the loss of altruistic sentiment forms the only residuum of an attack of insanity that has apparently ended in recovery. Such individuals return to their former life, and may even be capable of leading their usual social existence; but, in contrast with their former selves, they have become Philistines and egotists. The welfare or suffering of their fellow-men no longer appeals to them. Even the old bonds of family and friendship are loosened and only maintained by habit, yet with this lack of interest in all the higher æsthetic and ethic relations of civilised life they still satisfy their material needs and perform their duties.

Under this head may be included the phenomena of what is called moral insanity (Chapter XXVI), insanity of acts or conduct in which the patient seems, while reasoning correctly, to be incapable of so directing his behaviour as to make it consistent with what should be expected of him in his condition and circumstances of life. The patient shows aberrations in the moral or ethical side of his nature, or in the sense of propriety and decency. He may apparently lose all the check of conscience and deliberately violate moral law in every possible way. Most of these people have been peculiar from childhood, unable to learn like others, to go to school and to take their place by the side of others, and many of them are quite unable to distinguish right from wrong. So long as they remain children they may be taken care of by parents and guardians, but when they emerge from childhood, and have to assume the responsibilities of men and women, they come before us in various ways, and our opinion will be sought concerning their mental state.

In humble life these defective boys and girls will very likely develop vicious propensities and swell the ranks of the criminal classes; in a higher station of society they are the torment and difficulty of parents. They may display at an early age a tendency to immoral conduct of all kinds and a total disregard for truth; they may steal in a way which they think clever, but is in reality silly; consequently, no school or tutor will keep them. They may be told with the greatest care and in the most impressive manner that it is wrong to steal and wrong to lie. They will repeat what is said to them, and assure us that they know it is wrong; but they learn it as a lesson, and it all goes out of their head like a lesson in Roman history or the Latin grammar; the next day it is clean forgotten, and they go back to their abnormal and vicious habits quite unreformed.

* * *

To these higher sentiments belong also the **feelings of wonder and awe** aroused by the sublime and vast in nature, the **feeling of veneration** and reverence awakened by the recognition of the exalted influence of authority, faith, and belief aroused by appearances for which the

intellect can find no natural causes, and the *spiritual feeling* arising from appearances which suggest another life existing besides that known to us.

The human mind is prone, in the presence of the unknown, to seek short cuts. Surrounded by the elements and forces of nature which he could neither comprehend nor control, they became for prehistoric man awe-inspiring mysteries, and when it was brought home to him that they were capable of doing him harm, even of taking his life, they became for uncritical man superior animate beings whom he endowed with qualities like his own, whose favour was to be courted and whose wrath appeased.

In some men these, which may be termed **religious feelings,** are all-powerful. Such are given to contemplating the spiritual state, and seldom turn their attention to gross matters and mere animal pleasures. Men in whom these feelings are lacking tend to be sceptical. They have faith only in their own experience, and think more of an animal existence than of spiritual life.

However much the modern intellect trained in strictly scientific pursuits may try to curb the spiritual inclinations, there can be no doubt that the religious sentiment through long generations has become an element of our nature. Even the atheist, as a rule, experiences its emotions when circumstances arise which appeal to his feelings rather than to his intellect—that is, when he allows his nature free play.

Genuine prayer, not the recitation of words learned and repeated parrot-like, is as good for the brain as exercise is for the muscles, and tends to keep the brain in health by preserving the proper balance between the altruistic and egoistic sentiments. I refer to prayers not for rain when it is dry, or for peace when there is war, but for patience under affliction, for charity, and for courage. Prayers for such subjective qualities may indeed be said to assure themselves being heard and answered, for by placing the mind in an attitude of patience or charity, as the case may be, they fit it for the habitual exercise of those functions. A critical analysis of our conduct, as in meditation, sets the intellectual and moral faculties in ascendance over the

animal propensities, and thus further strengthens the mind in the right direction. Even a prayer for health in a truly devout person may have a beneficial effect through the increase of nervous energy supplied to the ailing part, in the same manner as suggestion acts therapeutically in many functional diseases, and occasionally improves the condition of diseased organic parts. Prayers for the common good are also beneficial.

Of course, patients who are already over-conscientious, introspective, and over-zealous in their religious duties should not be encouraged in these directions; on the contrary their mind should be diverted into other and practical channels.

When the religious sentiments are developed in excess, the person is inclined to mysticism; and when perverted or not guided by the intellect, there may be superstition, bigotry, fanaticism, delusions, and a ready belief in ghosts, apparitions, magic and mysterious occurrences. The intellect being less highly developed, it is guided by the stronger impulse, and may even be employed to search for arguments to support the credulity.

Defect of religious conduct is common enough without carrying with it any implication of insanity; but excess and disorder are occasionally seen, and are more decidedly abnormal. In insanity we often find a devout person beginning to exhibit indifference to things sacred, becoming irreverent, profane, flippant. Others are possessed by religious doubts, while still others develop excessive religious devotion, as in epileptic insanity (Chapter XXV), or absurd ideas of a religious and occult nature, as in dementia præcox (Chapter XXII), or delusions of a religious character, as in paranoia (Chapter XXI).

* * *

In connection with this description of the highest qualities of the intellect, a few remarks about the **relationship between genius, eccentricity, and insanity** will be appropriate.

Amongst uncultured men and low, simple types of mind, insanity is comparatively rare, though idiocy and imbecility from arrest of brain development are common. At the other end of the scale we have the highest type of mind, that of **genius.** This type of mind is relatively

complex, and complexity is liable to instability. A fine and complex machine is more apt to go out of order than a crude and simple one ; but complexity is not necessarily followed by disorder.

The highest mind is the finer mind, hence some or all the mental powers are sharper, enabling the man of genius to form unusual associations of ideas and to see things in new relations ; but he not only sees things which the ordinary man cannot see, but he materialises his ideas—hence we get the world's best discoveries, inventions, literature, music, painting, and sculpture.

The mental operations of a great genius are not like those of mankind in general, but the differences are within the normal range, and consist mainly in the fact that they are such as others are not accustomed to, merely because they are new. They are in advance of their time, and hence often induce the belief that their possessor is insane.

Genius connotes an extraordinary gift for particular work, but also the power to persevere in the labour that is needed for its accomplishment. A man's genius shows him the value of patient labour, and aids him to persist in it. A genius may possess certain eccentricities, but has generally self-control which enables him to survive failure. Frequently it is adversity that spurs him on. If he is successful, it is not by "good luck," it is not by any occult occurrences, but by opportunities promptly utilised, a characteristic which shows his sanity. We cannot all be geniuses. A real genius does not produce his work because it brings wealth, fame, or happiness, but because he has the impulse to produce, whatever its consequences. Sometimes he has been stoned for it.

The insane person generally shows signs of mental derangement in more than one direction, and exhibits that inability to give long-sustained attention to any one subject, which is so marked a symptom of insanity. The genius is usually consistent in the one thing which makes him original, whether it be in the work which he does or which he proposed to do. The imagination plays an important part in the mental operations both of the man of genius and of the lunatic ; but the one makes use of this faculty for the accomplishment of the objects

he has in view, while the other becomes its slave and is led hither and thither by its vagaries.

The existence of mental defects, obliquity of mental vision, imperfect cerebral development, and marked defection of character is scarcely compatible with the breadth of view, powerful imagination, and great intellectual strength of men in the very first rank of human genius.

The genius is considered such when he develops ideas that are really of value. But there are many persons who have all his qualifications, except the one of being able to materialise their ideas. They lack the ability to do, as well as to contemplate. Such persons are prone to dream of revolutionising the race with their ideas, but it never comes to anything. They lack the practical execution, and their visions come to naught. In the pursuit of their extravagant plans they completely lose sight of the realities of life, keeping their gaze fixed only upon the results, while they never take into serious consideration the difficulties and insufficiencies of their methods. Yet they hold to their ideas, however unusual and absurd, till everything is coloured and distorted by them.

It is in the *use* of faculties, not in the mere possession of them, that lies real greatness. Many men possess the necessary capabilities for distinction in a particular subject or pursuit, but they have not the will and wisdom to use them industriously. Industry, when well directed, would make many men great, but gifts so called rarely have conferred greatness upon any. Of such prolonged application and energy only a sane mind is capable. The insane often have lucky inspirations, but not the perseverance to carry a work to its completion. If they do finish their task, they are certain to spoil their work before the end has come by the introduction of some insane idea. I have seen paintings spoiled by the *finishing* touches of an insane artist, and I have read poems of magnificence and essays of splendid composition but for their last sentences.

The liability of men of genius to insanity is partly due to their great sensibility, which implies a finer and more subtle delicacy of thought and feeling, which permits of

a keener sympathy and a deeper, clearer insight into men and things, than are granted to ordinary beings. That this constitutes a defect of often great consequence to the individual, as well as a quality of still greater import to the race, is sufficiently clear. Sensations and observations which the ordinary man hardly notices are transformed by gifted men into great creations; at the same time disappointed hopes, failures, and adversity are felt more keenly by them. Men of genius are, even with apparent outward good fortune, men who most deeply and irremediably feel the wretchedness of existence.

Persons whose minds deviate in some one or more notable respects from the ordinary standard, but yet whose mental processes are not directly at variance with that standard, are said to be **eccentric.** Eccentricity is generally inherent in the individual or is gradually developed in him from the operation of unrecognised causes as he advances in years. If an original condition, it is often the result of early training emphasised by a special environment. These individuals are often mentally brilliant in some directions, but are handicapped by deficiency in those qualities which would aid them in the competition and struggle of existence.

Eccentricity is not always an original condition, for, under certain circumstances it may be acquired. A person may meet with some circumstance in his life which tends to weaken his confidence in human nature, and he accordingly shuns mankind and becomes peculiar in his ways. Such a man is not insane. There is a rational motive for his conduct.

Eccentricity and genius often co-exist in the same person, and this fact has served in the minds of some writers as a reason for regarding genius as a morbid mental manifestation. There is generally to be observed in men of genius a novel and bizarre way of regarding events, and unconventionalities of conduct which have the effect of estranging them from their fellows. No doubt this is partly due to the fact that the genius lives in the van of his age, that he therefore differs from it, and is in consequence pronounced mistaken, unpractical, or mad. Formerly, too, a disorderly life was indulged in especially by literary geniuses, which they fondly

believed was a help to inspiration; but fortunately this is both unnecessary and impossible now, hence our literary men are saner.

The real man of genius does not mean to be singular or original, but he is, nevertheless, both. He endeavours to carry out certain ideas which seem to him to have been overlooked by society, to its great disadvantage. Society usually thinks differently; but, if the promulgator is endowed with sufficient force of character, it generally happens that eventually, either wholly or in part, his views prevail. All great reformers are eccentrics of this kind. They are contending for their doctrines, not for themselves. And they are not apt to become insane, although sometimes they do.

While we have on the one hand the highest development of the intellect and human sentiments in the vanities of genius, we have on the other an arrest of development in the different degrees of idiocy and imbecility which will be described in Chapter XXVI. We must mention here also the general weakening of the entire mental powers, sometimes seen primarily in adolescence and in old age, beginning in an individual previously sane, but most often secondarily to attacks of acute insanity, a decay of the faculties of the mind as a consequence of some pre-existing form of insanity. We shall deal with these mental states in the chapter on *Dementia* (Chapter XXII).

PART II

THE CAUSES OF INSANITY

CHAPTER VI

HEREDITARY DISPOSITION TO INSANITY

In order to prevent insanity, we must avoid the causes which give rise to it. It is our first duty, therefore, to study the various conditions which dispose towards the disease.

The human race of to-day is the expressed sum of all the good, bad, and indifferent that have ever existed in the world, from the beginning. It depends greatly on a man's ancestors whether he is to be a fool, a genius, a madman, or a criminal; whether he is to be a success or a failure in life. No fact is more certain than that a tendency exists for a child to exhibit the physical, psychical, and ethical tendencies of his forefathers.

No one feels surprised that a child resembles one of its parents. Indeed, we are astonished if qualities, whether of mind or body, manifest themselves in a child which we have not known in his progenitors. If any trick or mannerism appears in a child, we cast back, even involuntarily, and search for it in his ancestors. Should any abnormality of body exist—a hare-lip, a club-foot, a tuft of differently coloured hair—we are satisfied at once if we know that some similar abnormality, some such malformation, has occurred in the family of the father or mother.

We know that the brain controls the whole of the life processes of an organism, hence those acquired characters which do not affect the brain directly are not transmitted; on the other hand, those which do affect the brain directly, either through voluntary or involuntary action, are transmitted. For instance, we may cut off the mouse's tail for generations, yet they will still be born with their tails. Such mutilations have no modifying influence on

the nervous system, and brain in particular, and therefore cannot be inherited.

It is otherwise, however, when an acquired character directly affects the brain, that is, increases or lessens any of its functions in any way. Loss of a limb or any other portion of the body does not affect the brain, at least not to any appreciable extent. But if, through change of circumstances, new efforts for the preservation of existence are called forth, such efforts must originate from the brain, and hence the brain is directly modified, and this change in structure may be transmitted. We thus learn that not all kinds of acquired characters are inherited, but only those which produce a modifying effect on the governing portion of the nervous system, that is, the brain.

If an animal through a change of circumstances has to make certain new efforts to obtain food, etc., these efforts must originate from the brain, since they are voluntary, hence the brain is directly modified, and the parts in connection therewith are also modified. And if the change in circumstances is permanent, inducing similar effects on the part of the off-spring, gradually the modifications thus produced are inherited, and in time, if the changes in structure are typical, change of species occurs. Again, if through a change of climate an organism is affected through the whole of its surface nerves, a direct impression is made on the brain, which impression leads in time to a permanent modification of character. Such a change of character and its inheritance is seen in a change of complexion, as, for instance, where Europeans gradually acquire a darker skin, and also where wool gives place to hair in sheep, introduced from a cold or temperate climate to a tropical one.

The face of the child resembles the parent where there is a marked " character." The character has its origin in the brain, hence the muscular expression continues to be transmitted.

The elementary psychical powers which we have described in the previous chapters are innate, for they cannot exist without a brain, and they must be instinctive to preserve the individual and the species. Argument is

possible as to whether we have psychologically really arrived at the elements or whether we are still describing complex mental powers, but that is only for want of psychological knowledge and proper terminology. Thus, for example, it is said of musical ability that it can be inherited, and we are referred to the number of musical prodigies who surpass many an adult musician in technical ability and capacity for composition. Now, of music, we do know that it is a complex faculty, and that what is really inherited is a tendency to the appreciation of sound and harmony, but not the musical knowledge. Similarly, the artist inherits a tendency to the appreciation of colour and beauty of form, but not artistic knowledge. That is why it is perfectly true that a genius implies a capacity for taking infinite pains. Only, the pains he takes are agreeable to the man of genius, for they are in a branch of art or knowledge which is natural to him, since he has an innate capacity for it.

It is an incontrovertible fact that individuals experience great difficulty in acquiring some kinds of knowledge, while in other departments of learning they make rapid progress; they feel instantly at home, and experience in such studies nothing but delight. A boy may have received a classical training, and may have shown the greatest aptitude in learning languages, and yet in the ordinary affairs of life and in other departments of science he may display the greatest imbecility.

Every one knows that the children of musicians may so vary as to be more or less musical than their parents and yet all be more musical than the average man. Suppose the most musical men marry musical women, we thus have generations following, some of whose members are increasingly musical by normal variation. This has happened in the family of the Bach's, and it is the same process as the development of the racehorse—a selecting of the best developed, and the intensification of the variation, and not transmission of acquired modifications. Only a small proportion of them vary so as to be more specialised than their parents, so that they are not all great musicians; nor are all the racehorses great racers. Each child has to acquire its musical knowledge just as painfully as its parents, the only thing

it inherits is the ability to do this. So the racehorse must be trained to run races ; the only thing it inherits is the capacity for being trained. No amount of training will make a horse a racer without this innate capacity ; nor can we make a singer or an artist without the innate capacity.

It has been said that the exceptional talents and characteristics of some men are due to accidental causes, but the same opportunity is offered to a great many men, while only one is inspired. The fact is that education and surrounding circumstances are only powerful on those men whose innate dispositions are neither too feeble nor too energetic. A man of talent may have an imbecile for his child, but no man of talent ever had an idiot or an imbecile for his father or mother. All that external impressions or education can do is to give an impulse to those talents and characteristics which have not put themselves in activity before, but the disposition for such must exist previously. No child would ever talk unless he were taught ; and no child could be taught to talk unless he already possessed, by inheritance, a particular organisation ready for training.

A man may indeed, within limits, mould himself, but the materials he can alone use were handed on to him by his parents, and whether he becomes a man of genius, a criminal, a drunkard, an epileptic, or an ordinarily healthy, well-conducted, and intelligent citizen must depend at least as much on his parents as on his own effort or lack of effort, since even the aptitude for effective effort is largely inborn.

From these remarks it is evident that men do not start in life equally, but with advantages and disadvantages according to their inherited organisation. Even if all education, including that of the universities, were made free, there would always be some whose organisation, even after all educational efforts have been tried, would fit them only for the position of a shoeblack or a kitchen-maid.

It is an antiquated and exploded theory held by our forefathers that all men are born equal, which is another way of saying that they all have the same natural abilities. The present generation knows better

than any past one that Nature, like the potter, makes her "failures," that she turns out her sound pots and her cracked pots, and though she works to a general pattern, she varies infinitely the details of each piece of work.

There can be no such thing as social equality so long as men are born into the world with unequal mental gifts. The highly organised brain is born to lead, to dictate, and to govern, while the more weakly endowed is born to a life of servitude and submission.

If the intellectual powers are naturally very weak, no education can render them strong; and if they have been naturally very strong, they will remain so even without education. Education can *improve* the powers of man, but not to an indefinite extent. The man who has naturally a weak verbal memory may improve it by education, but never to the extent of an individual who has that power naturally strong. If the reflective powers of an individual are naturally weak, no system of training can render that individual pre-eminent in metaphysical or abstract speculation. By education his powers will be improved, but in no circumstances could he be made to equal a Locke, a Newton, or a Bacon.

The different schools of heredity—Darwinian, Weissmannian, Mendelian, and Galtonian—would have far less scope for dispute if they first agreed what characters are really elementary and instinctive and therefore likely to be hereditary. There is really not so much difference as is apparent. Thus, an eminent Darwinian deplores the fact that "there is no more pathetic figure in human experience than to see descend into the grave, to pass away for ever, all those endowments with which genius and labour have adorned individual human beings." "Were it otherwise," he says, "the toil of education would have been mitigated, and there would have been no bounds to the mental acquirements of the race; but when our first parents tasted of the tree of knowledge, the tree of life was denied them, and knowledge perished with its possessor." Quite true, knowledge perishes, but not the capacity to acquire knowledge. This is increased with every generation. Again I must repeat, it is not the knowledge that is hereditary, but the tendency to the

acquisition of some particular branch, whether of music, poetry, or money-making. Some element that is necessary for these acquisitions is transmitted, and it depends on circumstances and education whether that element is developed to be of practical use.

Opinions vary as to the relative importance of heredity and education in the production of adult qualities ; by heredity being understood all those qualities and capabilities which exist at the moment of birth, and by education all those external influences which are brought to bear upon the child from the commencement of his life. Some people credit education with powers that are altogether beyond it, ascribing to it all the qualities, whether good or bad, possessed by the adult ; others, like the writer, consider heredity to be the more potent factor.

Thus an English infant transferred to France and brought up by French parents will never be as French as genuine French children. The Germans of to-day have still many of the characteristics which distinguished the Teutons at the downfall of the Roman empire. The predominating character of the French race is still that of the Gauls described by Cæsar : their love of display and effect, their sudden enthusiasm and as easy discouragement, their readiness to be governed by military leaders, their fondness for ornament and art, their gaiety, fickleness, and amorousness.

We do not deny that education can do much. Many a puny child of the slums can, by means of judicious feeding, attain the stature and the build of the country child. The mind may be directed so that he who in the environment in which he was born would have developed into an uneducated member of the proletariat may become a man of letters or of science. He who would have readily developed into a criminal, a danger and an expense to the community, may often, by due training, develop into a benefactor of his race. But all these things can only be done if the child possesses the natural tendencies to develop in these directions. What man can by taking thought add one cubit either to his mental or his bodily stature ? What teaching could ever raise the congenital idiot to the level of common human intelligence ?

The tremendous adaptability of man has been fully

enlarged upon by many writers, and it gives rise to the impression that as all of man's mental stock-in-trade is acquired, and not instinctive, we can train any child into any speciality—that is, if we take a negro child soon enough, we can train him to be a Michael Angelo or a Gambetta. And this belief in the efficacy of education to make brain is held, in spite of the fact that in every institution devoted to the education of the lower races, without a single exception, the curriculum has to be cut down to the mental level of the students. Negroes, for instance, get along famously until they reach the higher mathematics, and other subjects requiring abstract reasoning, which are beyond the mental range of most of them.

The tendencies to particular forms of virtue and vice are hereditary, but not the acts themselves. People gradually begin to recognise that a tendency to drunkenness may be transmitted from parent to child, not by force of example and education merely, but by direct constitutional inheritance; but few will admit that a child may similarly inherit a tendency to bad temper and all its consequences, as well as many other evil inclinations, the same as a tendency to consumption or other disease. They recognise bodily defects and also all the intellectual ones that limit the range of thought, but they continue to talk of the moral powers as if all men were born morally perfect.

If any given person can transmit his like to an offspring—which is a physiological fact beyond dispute—surely he must also transmit his like when that like is an unstable nervous system. What form that like will take must, of course, be greatly modified by environment, and by all the numerous unfavourable and antagonistic external circumstances and agents to which we, as human beings, are subjected. Anyhow, there can be no doubt that an "unstable" parent is more likely to produce an unstable than a stable child. Fortunately, however, this is not always so. We have always to consider the opposing factor, and remember that it may be the stronger; were it not for this, the world would rapidly become filled with weaklings. The offspring charged with unstable germ-cells from, say, the father, is equally charged in the reverse way through

the mother, and the sum total of these two individuals is, in all probability, an individual with the good and bad of both parents, but with those qualities probably much exaggerated, minimised, or equalised. If this be so in the ordinary individual, why not in the " afflicted " one ? Are we not bound to believe and accept the fact that in certain diseases, for example in insanity, the unhealthy parent must beget a child at all events predisposed to that disease ?

Much has been said about the difference observed between the various offspring of the same parents, particularly if there is one child with habits not to be found in either mother or father. But we must not forget, just as two elements in chemistry, each of them harmless, can combine to form a virulent poison, so two elements of themselves harmless, one derived from one parent and one from the other, can be inherited by the child and form a combination which, if not checked early, may be detrimental to its future. The child may inherit the characteristics of one parent only, or partly those of one and partly those of the other ; or it may exhibit the father's characteristics at one time of life, and at another time these may be replaced by those of the mother. It very often happens that certain individuals inherit a prepotency for the transmission of their own special characters, which always predominate in the offspring to the exclusion of those of the other.

Another factor in heredity is the tendency to the reappearance in the descendants of qualities or defects which have been latent or dormant for one or sometimes two or more generations. This is known as atavism. The latent character may be called into existence by the union of an individual in whom it is latent with another individual in whom it is potential. As in physical heritage all the qualities or lineaments of a parent are not equally inherited by the children, but divided amongst them, so in affections of the mind it is not always the same and entire phase which is represented in the offspring, but this is analysed and the elements distributed. In one, we have an impulsive nature, in which, between the idea and the act there is scarcely an interval ; in another, the proneness to yield to

temptation of any kind—a feeble power of resistance inherited either from the original or the acquired nature of the parent ; in a third, we have an imbecile judgment ; in a fourth, an enfeebled, vacillating will ; in a fifth, a conscience by nature or habit torpid and all but dormant. All these are the normal representatives of an unsound parentage, and all are potentially the parents of an unsound progeny.

Circumstances may modify existing tendencies, but the advantage will be with the person who has received no such taint. How absolutely we are subjected to the laws of heredity is shown by the fact that even the age to which we are destined to live individually, accidents of course excluded, is predetermined. The best means of attaining long life seems to be to possess the requisite constitution. One reads of the centenarian, whose death is chronicled in the newspapers, that he either smoked all his life or did not smoke, that he worked hard in the fields or preferred the less exposed life of the town, that he was adventurous or stay-at-home, a teetotaler or a moderate drinker, a meat-eater or a vegetarian. Like the poetic brain, the capacity for long life is an inherited condition. It is one of the most stable characteristics transmitted from father to child. So much so, that whenever there is a case of extreme old age, one may confidently look for the same characteristic occurring in other members of the family.

I feel certain that an offspring seldom escapes untouched when both parents are mentally unstable. A mentally healthy father may counteract the unstable qualities of the mother and may beget mentally healthy children, or a healthy mother may counteract unstable qualities in the father, with the same good result in the offspring; but I think it is almost impossible for the offspring to escape when there is a bad heredity from both parents. It is almost bound to tell in the offspring—although in many cases far short of actual mental disease—to make them neurotic subjects, and even if they themselves escape from that appalling disease, insanity, they are so slenderly formed from a mental point of view, they enter the world charged with a mental inheritance so far from stable and perfect, that the subsequent genera-

tions stand a poor chance. Multitudes of human beings come into the world weighted with a destiny against which they have neither the will nor the power to contend; they are the step-children of Nature, and groan under the worst of all tyrannies—the tyranny of a bad organisation.

In many of these cases—certainly in more than half, and perhaps in five out of six—there is something in the nervous organisation of the person, some native peculiarity, which, however we name it, predisposes him to an outbreak of insanity. When two persons undergo a similar moral shock or a similar prolonged anxiety, and one of them goes mad in consequence, while the other goes to sleep, and afterwards gets to work, and recovers his equanimity, it is plain that all the co-operating conditions have not been the same—that the shock has not been the entire cause of the outbreak of madness. What then has been the difference? In the former case there has been present a most important element, which was happily wanting in the latter—there has been a certain hereditary neurosis, an unknown and variable quantity in the equation.

The family history of the insane is extremely difficult to ascertain, not only because people are unwilling to admit the presence of insanity in their families, but because in the great majority of instances questions are solely directed towards the elucidation of a history of mental aberration which often does not exist, or is unknown. An unstable nervous system, one of the numerous neuroses, is all that is necessary. Neither need the parents be affected, but somebody amongst the ancestry.

The conclusion of almost every man who has written about mental unsoundness is that heredity is by far the most frequent and most potent predisposing cause of insanity. It commonly underlies all other causes. Without its existence there would be very little unsoundness of mind in the world. If all hereditary tendencies to mental and nervous unsoundness and defects could be counteracted, humanity might breathe freely. It must be understood, however, that it is not the special mental defect or disturbance that is inherited, but that it is

either a general defect of brain nutrition or an instability of working in the higher nerve cells; or it may be that the quality of resistance against toxins and other enemies, which is an essential part of the healthy constitution of all living tissues and organisms, is diminished. Or possibly the evil inheritance may consist of individual departures from what one may call Nature's "law of averages."

From this premiss it is evident that insanity is not a chance occurrence; there is a necessary preceding condition—namely, that the brain of the subject must be predisposed by heredity to mental breakdown. It may be fairly asked whether the ideally normal man can possibly become insane. It is as reasonable to suppose that a healthy man is liable to become blind, deaf, or paralysed, excluding the influence of accidents, as, with the same reservation, that he may under ordinary circumstances become mentally deranged. The difference between the person who may become insane and the person who will not become insane is one almost entirely of hereditary predisposition. On the other hand, there are unquestionably thousands of predisposed persons who escape the graver risks of their faulty inheritance, and pass through life untarnished by insanity.

Insanity as a result of imperfection of brain structure may be directly hereditary. It may appear at the same period of life in parent and child, and may even, as in the case of suicidal impulses, be photographically similar in type as well as chronologically equivalent. Persons coming of a very neurotic stock tend to insanity, especially at the critical periods of life—at puberty, adolescence, the child-bearing period, the climacterium, and in senility. Stress, vice, drink, toxins, injury, and other exciting causes facilitate its advent.

The parents of the insane on one side or the other are often themselves on the borderland of insanity; while not exactly over the boundary line, they are erratic, peculiar, "nervous," or otherwise manifest a degenerative neurotic tendency. We have in these cases what has been called the insane diathesis or psychopathic disposition—a condition that tends to insanity, if not in the individual himself, at least in his descendants.

Insanity in a parent may reappear in children, as insanity, idiocy, imbecility, or other physical or mental defect such as epilepsy, chorea, or neurosis of some sort. Insanity in a person may also lead to vice or crime in the descendants, and children of criminal parents may become insane.

The psychopathic inheritance may be derived, not only from parents or grandparents in whom actual insanity has developed, but from those who have suffered from epilepsy, dipsomania, hysteria, etc. There is, however, as is well known, no fatal certainty of the transmission of mental or other defect; the children of insane parents may escape altogether, or the defect may appear in only one or two generations. The danger to the children in my experience is directly in relation to the recency of the insane attack; thus, a father, having begotten healthy children, has an attack of insanity, and while still insane, or shortly after the passage of the acute symptoms, begets a child which becomes insane; but later, he may beget healthy children. Again, the child of a mother who has an attack of puerperal insanity may be affected, though the mother did not become actually insane till after the birth of the child. Of the two parents, the mother is, according to the almost universal authority of alienists, the one whose insanity is most liable to be transmitted to the child.

The psychopathic constitution may arise upon a hereditary basis or it may be due to injurious influences exercising their effect during fœtal life, such as exhausting diseases or drunken or other habits of the mother, or it may be the effect of acute diseases in childhood.

Sometimes organisation and education act together in the production of psychopathic disposition, as when parents transmit to their children not only by way of heredity an unfortunate organic constitution, but also by force of bad example and defective education.

Thus, children are born under various conditions, and some will be far more liable to nervous disorder than others born of the same parents. Some may be born before the mother has shown any symptoms of the disease, others may be children of one who has been insane during her pregnancy or has had repeated attacks

of mania. In the case of others, conception may have taken place after the father has shown undoubted symptoms of mental disorder. Some may be born of a mother who becomes insane after every childbirth, and only recovers to a very partial extent by the time another is born. Such children stand in a different class from those whose parents have never been insane, but inherit a taint from their own progenitors which shows itself, it may be, in brothers, sisters, or other collateral branches. Children born before insanity has shown itself in a parent are in a better position than those born after, and those born of parents in whom the disease has appeared at a very early age are more likely to inherit it than the children of parents in whom it appeared later in life, especially if, in the case of the latter, there was an adequate and assignable cause. Those whose parents are cousins are liable to hereditary disease. If any, as insanity, exists in the family, it will most likely be intensified by the relationship, and the offspring are likely to be not only insane, but stunted and weakly in other respects, and very possibly idiots. In this they but follow the laws of inbreeding, which apply equally to man and animals.

Actual kinds of mental disease are not, as a rule, transmitted in the same form from the parent to the offspring, although such cases, of course, do frequently occur. Although it does not follow that the offspring of a mentally affected parent will become insane, there is every likelihood that the offspring will be unfortunate enough to be possessed of an unstable nervous system. Thus a mother who has had an attack of melancholia may beget a child who also may suffer from melancholia, but it is much more likely that the melancholic mother passes on to her offspring an unstable nervous system —a nervous system which at some future period is apt to give way, and its owner thus becomes the subject of a definite attack of insanity. The unstable nervous system, besides being in most cases the gift of a bad heredity, is a condition which can be acquired through adverse circumstances, neglected habits, vicious indulgences, etc., with which we shall deal presently.

If one takes into account only the more serious nervous

affections, the mistake may be made of supposing that the greater number of the descendants of the insane escape altogether. But the more carefully the members of a neuropathic family are observed, the more evident it becomes that the apparently healthy frequently manifest trivial forms of neurosis, which are a grievous burden to such people, and if their symptoms, regarded at any given time, do not appear important, yet the sum of their sufferings throughout a lifetime is certainly worthy of consideration.

Insanity depends, therefore, on the predisposition of the inherited organisation and the stress of circumstances which bear on that organisation. When a hereditary tendency exists, it only needs a special exciting cause or combination of causes to bring out visible effects; but, as will be shown in the succeeding chapters, there are modes of upbringing, of education, of conduct in life, that should be avoided where a man is specially handicapped by a bad heredity to unsoundness of mind or nervous disease. There are special precautions and attention to physiological laws which would save the minds of many men with a bad heredity from passing into inefficiency and actual unsoundness of mind, and these, too, will be dealt with in succeeding chapters.

CHAPTER VII

THE INCREASE IN INSANITY

THE EFFECT OF ADVANCING CIVILISATION ON THE MIND OF MAN. MENTAL AND MORAL CAUSES OF INSANITY

CONSIDERING our present comparative ignorance of the relationship between brain and mind, and considering our ignorance of the normal working of the brain, can it be any wonder that we know next to nothing of its disordered functions under pathological conditions, and are helpless in preventing the constant increase in the number of insane?

When a comparison is made over a number of years of the proportion of registered lunatics to the total population, the result is distinctly startling. In 1859, for instance, the proportion was 1 to each 536; in 1889 it was 1 to 337; in 1904 it was 1 to 288; in 1905 it was 1 to 285; and in 1910 it was 1 to 274. What the ratio would be if the unofficial and borderland cases were included it is difficult to tell. To these figures must be added an appalling number of weak-minded and backward children, whose fate is very distressing. Of the poor, those who are rational enough to be allowed to remain at home have, as a rule, not enough sense to earn their own living, and those who are wealthy frequently become the dupes of others.

The most important reason for this increase, to my mind, is that, notwithstanding the progress made in our knowledge of insanity, we have hitherto made little or no attempt to arrest the disease before it is fully developed. Only patients whose disease is sufficiently advanced for

certification can be sent to asylums, but we want to treat the earlier stages, and the opportunities for such treatment, at all events as far as pauper patients are concerned, do not exist. It is true the London County Council intend as a beginning to establish experimentally a Reception House for the acutely insane in London, but according to the Council's report it is to be feared that it will be a very small affair, entirely inadequate for the needs of London.

Some authorities deny that there has been an actual increase in the number of insane persons, and give various reasons why they consider the increase is only apparent.

They say that there is now greater accuracy in identifying and registering persons of unsound mind, that there is greater strictness in carrying the Lunacy Laws into effect, and that insane persons who were once believed to be harmless and were permitted to wander at large are now brought under restraint. They say that since the capitation grant of four shillings per head per week has been introduced in 1874, more aged, paralysed, and weak-minded paupers have been transferred from the workhouses and infirmaries to the asylums, and that the low recovery and death rates tend to perpetuate the lives of the inmates of asylums, and thus help to swell the number of insane. We are also told that the public have come to regard asylums with increased confidence, and hence are more ready now than at any former time to commit their friends to a care and custody which they have not only ceased to dread, but from which they have learned to expect none but beneficial consequences.

No doubt there is truth in all the reasons set forth to account, at least partially, for the vast increase, but when all is said, there remains the fact that the county and borough authorities are constantly being confronted by the necessity for more accommodation in county and borough asylums, that new asylums spring up as a result, and that the ratepayer has constantly to put his hand in his pocket to defray expenses. It will hardly be denied that such a condition demands that we should use every effort to diminish, if possible at the source, the numbers of those who thus become incapacitated, either temporarily or permanently, who, if not possessing private

means, become either a burden to their relatives or to the community, and who, in some cases, become criminals as the result of their mental disorder.

Insanity is rare before puberty; twenty-five to fifty is the most common age—that is, during the period of greatest mental activity, stress, and strain. The abnormalities which appear early in life are chiefly weak-mindedness, idiocy, and imbecility. Old age brings with it a special tendency towards dementia, but it is not the number of years that causes the mental infirmity associated with it, but the arterial degeneration.

There are special conditions, both physical and moral, which dispose to insanity. In women, menstruation with its irregularities, childbirth, lactation, and the change of life are potent influences. It appears that the proportion of females admitted to asylums annually is actually less than that of men, but women lunatics live longer than those of the male sex, and accordingly there is a tendency for females to accumulate in such institutions. Men are more exposed to the various influences which directly cause insanity. Alcoholism is more frequent with them, the disease known as "general paralysis" affects men chiefly, the struggle for money and position and the stress of competition expose men more than women, and cause those with unstable nervous systems to become more easily subject to mental disorder. But it is not among the highly educated that the liability to unsoundness of mind is most prevalent. These are as a rule in fair circumstances, and can take greater care of themselves. It is among the industrial classes, especially in the lower grades, that insanity is most frequent, probably on account of their poverty, uncertainty of employment, less sanitary life, exposure to drink, want of reasonable enjoyment in life, and probably also because of the lower type of brain amongst that class of labourer which caused him to sink to that social status and prevents him from rising into a higher position. After all, the social and pathological refuse of mankind, if kept alive, must in their own generation or the next degenerate to the lowest social position. It cannot be denied that a large percentage of the human family is born into the world so

weakly endowed mentally as to be wholly unfit for anything but the most primitive form of citizenship.

There can be no doubt also that the " nervous " temperament predisposes to insanity. Persons of that constitutional peculiarity, even in a normal state, have highly active brains and sensitive nerves, enjoying pleasures keenly, but also feeling pains and disappointments acutely. They have a lively imagination, think more and work more, so that they are most apt to exhaust their reserve force. Since the brain is most dominant in them, injuries and poisons affect this structure more readily. The nervous temperament is easily turned into a " neurotic " temperament, which cripples power and usefulness, embitters existence, spreads wretchedness, unfits both men and women for their duties, and while this condition is not indicative of insanity, it yet differs widely from complete sanity. Amidst and arising out of this diffused neurotic atmosphere are to be met many individuals exhibiting the early phases of mental disorder—individuals who are standing on the borderland of insanity, the limits of which, shading off imperceptibly into the regions of pronounced insanity, are more easily passed than traced.

" Nervousness " is the trouble of the age. Many men and women are never really ill, nor well either—that is to say, they are never ill enough to consult a physician, and never well enough to enjoy either work or pleasure. They suffer from forgetfulness, lack of concentration, confusion of ideas ; they are restless, irritable, depressed, melancholic, and unable to endure any exertion.

The conditions of modern life are largely responsible, more than any other factors, for the increase and extension of insanity. It is an acknowledged fact that insanity is very much less common among savages than among modern civilised nations. An undeveloped nervous system can give rise to idiocy and imbecility only, and not to insanity ; hence there are no lunatic savages, animals, and infants. When a savage race comes into contact with modern civilisation, insanity increases rapidly. As life grows in complexity, there must be an ever-increasing liability to a breakdown on the part of the nervous and mental machinery.

There seems no reason to dispute the prevalent impression that we suffer vastly more than our forefathers from the sense of pressure, worry, and unrest. Steam has not merely quickened physical movement, but its accelerating effect has operated in every department of life and manners. The telegraph and telephone mark the victory of the nineteenth century over space and time, but we pay for the boon in an increased expenditure of vital energy. Education has enlarged its scope and its claims at so rapid a rate, that already the timid are beginning to demand a halt. The humble village inhabitant has to-day a wider geographical horizon, more numerous and complex intellectual interests, than the prime minister of a petty state a century ago. If he do but read his paper, let it be the most innocent provincial rag, he takes part, certainly not by active interference and influence, but by a continuous and receptive curiosity, in the thousand events which take place in all parts of the globe. A cook receives and sends more letters than a University professor did formerly, and a petty tradesman travels more, and sees more countries and peoples, than did the reigning prince of other times.

All these activities however, even the simplest, involve an effort of the nervous system and a wearing of the tissues. Every line we read or write, every human face we see, every conversation we carry on, every scene we perceive through the window of the flying express, sets in activity our sensory nerves and our brain centres. Even the little shocks of railway travelling, not perceived by consciousness, the perpetual noises and the various sights in the streets of a large town, our suspense pending the sequel of progressing events, the constant expectation of the newspaper, of the postman, of visitors, cost our brain wear and tear. Hence the educated classes suffer more from nervous diseases, whereas the uneducated lower strata, who are subjected to other influences that affect the mind more, increase the number of the insane.

The struggle for a more comfortable and therefore more exacting existence must be carried on by the brain. In this struggle the brain becomes finer in its organisation and more creative ; at the same time it becomes more vulnerable, and is more reactive to stimuli which only too

easily lead to over-stimulation, with consequent exhaustion, disease, and degeneracy. These increased demands of the struggle for existence exercise their effects to-day upon the brain of the individual even at the desk in school, and the concurrence of all these influences in the domains of art, science, and industry, with the desire for luxury and riches, keeps a great part of modern society in a condition of constant nervous strain and excitement.

These injurious influences show themselves in the predominance of the neuropathic constitution in modern society, which has "nerves," but too little "nerve."

The influence of culture and competition on the production of insanity is shown by the following example: The ten Italian provinces that have the greatest number of insane in proportion to the population are all in the industrial North; the proportion varies from 25·3 to 16·9 per 10,000 inhabitants. The twenty-two Italian provinces that show the smallest number of insane in proportion to the population are all in the agricultural South, the proportion varying from 1·3 to 6·6 per 10,000 inhabitants.

One of the reasons why uncivilised people are less prone to insanity may be that they lead a simpler life. They are not subject to political or religious storms and have no refined pleasures of life, but are given to a natural mode of living.

Civilisation favours the occurrence of insanity through the enormous growth of population of great cities with the resultant evil influences, hygienically and morally; the increase of a mentally and physically degenerate proletariat, pauperism, predominating factory life, lack of marriage, the increasing intellectually and morally destructive craze for riches and luxury, and the greater struggle for existence. Men live in crowded cities under unnatural conditions, and perfect mental or moral development cannot be the rule so much as in healthier surroundings of village or country life. In these latter, too, the average mediocre intellect can find its medium, in which it can safely thrive, while it would be much more likely to succumb if transplanted into the hurry and bustle and the fierce struggle for existence of city life.

Faulty education may predispose the child to nervous and mental diseases. Thus too strict and harsh treatment of an impressionable and emotional child, who is sensitive and in need of loving care, lays the foundation for a faulty adaptation to the world and to a retiring, melancholic disposition. On the other hand, an education that is too solicitous, which can deny nothing and excuses everything, cultivates obstinacy, unbridles passions and emotions, engenders defective self-control and inability to practise self-denial. Too early awakening and strain of the intellectual powers at the cost of the emotions, of childish simplicity and bodily health is another cause. This cause makes itself doubly felt where brilliant and often one-sided capabilities, as they occur in neuropathic and hereditarily predisposed children, excite the pride of parents and guardians, and lead to overstrain of the mental powers of the precocious child. In this way the foundation may be laid for later insanity.

According as the infant has been treated considerately and consistently, or has been thoughtlessly, impatiently, and fitfully regarded, so will necessarily his feelings have been affected and his temper formed. If petted at one time and snubbed at another, now treated as having both feelings and intelligence, and anon as though he had neither the one nor the other, his temper will partake of the same fitful nature. As is the sowing, such will be the harvest.

The children of the upper classes are generally consigned for their early training to the care of dependents, who, even if not ignorant, neither feel nor could be inspired with the same sense of responsibility as parents. This custom is responsible for some of the bad results in neurotic children.

The march of education demands that more shall be learned, and competition on every hand and in every walk and calling perpetually urges men to fresh efforts and new paths of enterprise. It is believed that the consequent exhaustion resulting from this over-tax on the brain renders the nervous system more liable to disorders and disease.

Society life, the excitements of all sorts that it occasions, the physical fatigue that it brings on, and that

almost inevitably result from the habit of too long and too copious meals in rooms that are often over-heated, the late hours and insufficiency of sleep—at least, of sleep at the proper times—frequently cause the development of nervous exhaustion. Nothing is so enervating, nothing so fitted to unbalance and weaken the nervous system, as to be wholly taken up with the pursuit of pleasure and the satisfaction of the least elevated and least noble desires. Social life demands self-control and submission to the majority, power of resistance to the storms of life, and resignation. Where these qualities are wanting, there is no escaping disappointments, bitterness, and pain. Sometimes the later rough school of life makes up for defects of education and forms the character; but this cannot occur without great trouble, which threatens, in many instances, the mental equilibrium.

Intense or too prolonged intellectual work may give rise to symptoms of fatigue and depression, but they are neither persistent nor grave. Hard work, whether physical or mental, is not only harmless, but it is actually healthful. The hard-worked muscle, whether of arm or heart, responds to the stimulus, and receives an accession of vigour and development. The hard-worked brain, if placed under favourable conditions for its activity, becomes more vigorous and fruitful. Indolent inactivity of body or mind is undoubtedly far more injurious to both physical and intellectual vigour than severe labour, provided only that the labour is pursued under healthful conditions of food, air, rest, and sleep.

Men seldom, if ever, go mad from intellectual activity, if it be unaccompanied by emotional agitation. Depressing emotions constitute a much more serious source of fatigue than brain work. It is the worry that has preceded, accompanied, or followed it that is of importance. The brain-work that over-drives and exhausts is that which accompanies care for the morrow, worry caused by an end to attain, or fear of failure, whether the matter at issue be one of industrial or commercial affairs in which the fortune is engaged, or one of an examination or competition on which the future depends.

In the fierce struggle for existence, which there necessarily is where the claimants are many and the supplies

are limited, those who, either from inherited weakness or from some other debilitating cause, are unequal to the struggle will, some of them, break down in madness. We wear ourselves out not by hard work, but by anxious thought regarding the adjustment of work, and by nervous irritation attempting to accomplish an impossible task. By worry is generally meant harassing preoccupation with matters upon which no amount of taking thought can be of the slightest avail, and usually with regard to questions which are not deserving of the anxiety bestowed upon them. Some people are born worriers. Their minds are engrossed with small points that irritate them, or filled with apprehensions of what is about to go wrong.

Speaking generally, the more mechanical and the more purely a matter of routine the character of the work, the less likely is the stress to fall on and damage the bodily health. The more close, continuous, and vigilant the application of attention to the work, the more liable is the stress to produce insanity. It has been shown that insanity is not prevalent among the victims of the sweating system, long as their hours of work are and excessive as is the demand made upon their energies by the exigencies of their means of livelihood. These conditions may lead to phthisis and to other forms of breakdown of bodily health, but rarely to insanity, and the reason for this exemption is to be found in the character of the work, which is of a purely routine and mechanical nature.

When occupations in which the attention is closely engaged are pursued to an excessive degree of absorption of time and energy, the breakdown that ultimately results is very apt to lead to insanity. We find that in those cases of insanity which are attributable to overwork, the work needs close attention, and there is anxious worry as well. Such is the work of preparing for examinations, when the distress comes usually from having too large a number of subjects, beyond the power of the student to master within a given time, that "preys on the mind." It is work attended by great anxiety, anxiety being constant attention plus apprehension. For this reason it is that

precarious occupations are more detrimental to sanity than those in which the livelihood is secure. Men who are in no danger of losing their means of livelihood are free from one of the severest forms of anxiety. It is when to a high degree of precariousness of the means of livelihood is added a great demand for close and vigilant attention in the daily work that the greatest danger to sanity arises, and consequently it is the daring speculator, the man who is daily hazarding his fortune and position in some project which requires a great absorption of attention and exertion, whose work exposes his mental health to the severest stress.

Emotion and passions are psychical phenomena, but their result is a disturbance of the vaso-motor and trophic processes which, initiated by the brain, regulate the nutrition of the tissues. Through this disorder of innervation toxic products are developed in abnormal amount, and they being carried in the blood stream implicate the nervous system and disturb its functions. The facts of tired feelings and sleep after prolonged mental or physical exertion confirm this theory, the toxic products of muscular exertion passing into the circulation and so reaching the nerve-centres. This is a process of physiological auto-intoxication.

Insanity often begins in mental conditions, which may at first be perfectly sane and normal, but by undue continuance or undue intensity they establish grooves of thought so deep as to create a disturbance or perversion of normal brain activity which in time becomes truly morbid.

The person may have started life like his neighbour, with a sound, evenly balanced brain ; he is perhaps in later years exposed to severe strain ; his work, business, or profession, demands excessive care and thought, and he is subjected to an undue amount of wear and tear. Through stress of business he neglects Nature's laws, he becomes careless about his mode of living, neglects to care sufficiently for his body, is careless about his meals, shuns exercise and recreation, " burns the candle at both ends," all for the sake of his work. His only thought is for his work, and finally he breaks down in health. He is now no longer the same person : what

would not have worried him before does so now ; what before was natural manly anxiety becomes restless uneasiness, perhaps even actual depression ; he commences to lose interest in things, becomes easily annoyed, apprehensive, and perhaps irritable ; he is now apt to completely break down and to become affected mentally. It is the persistence of the emotion which reacts unfavourably upon the nervous system. The consequent worry interferes with the functions of nutrition, disturbing digestion, preventing sleep, and excluding the pleasurable sensations which always accompany the healthy working of the organism. This, apart altogether from the depressive action of the emotions upon the cerebral circulation and the nutrition of the brain, facilitates in predisposed persons the advent of mental disturbance.

Another way in which a disagreeable emotion may cause insanity is by suddenly overwhelming the subject. It happens occasionally that the apparent beginning of an attack of insanity dates from a mental shock, fright, the hearing of bad news, the death of a dear friend, or some other strong or sudden cause of emotional excitement or disturbance. The psychic effects of such are so well known that it is needless to dilate upon them, and it is therefore the more easy to conceive how they can produce mental derangement. It is possible that this cause is, as some have suggested, more common than is generally supposed.

Other painful emotions that sometimes affect unstable brains arise from domestic troubles, disappointment in love, religious excitement, and personal griefs or losses.

The married state may create dangers for the mental health, in that the characters of the husband and wife may not be congenial. The need to support a family makes greater demands upon the mental and physical activities. Misfortunes of all kinds during the struggle for existence may change anxiety to despair. Faults of character, expensive or flirting habits, and hysteria in the wife may destroy the husband's peace of mind ; while brutal treatment, drunkenness, and unfaithfulness on the part of the husband may affect the wife. On the

other hand the better hygienic conditions of a happy married life exert a prophylactic influence.

All " prolonged " emotions exhaust the brain and may get out of control. Thus, excessive anger may lead to acute mania ; excessive fear to melancholia ; excessive suspicion to delusions of persecution ; excessive conceit and vanity to delusions of exaltation. Love, passion, jealousy, avarice, may all get out of control by being too ardently indulged in. All of them have a contracting effect on the personality, tend to keep the thoughts in one groove, on one set of ideas or objects, and that a narrow one. When to this is added some derangement of the physical system, still further contraction follows. The patient's attention is now demanded by bodily sensations, which are good servants, but bad masters, and which become more and more insubordinate the more they are humoured. A patient in this condition is like a person living always in one small room with the blinds down—self-centred and miserable.

Of course it shows that brains so susceptible to emotions of sorrow, anxiety, love, or jealousy, and so easily moved to extremes, must have been always sensitive and unstable. There must be a flaw in the brain-constitution somewhere. But the flaw need not be an hereditary one, for these anxious emotions lower the health and weaken mental control. If any one be subjected, for example, to adverse circumstances for any length of time, to business worry or strain, financial difficulties and the never-ceasing worry of an unhappy domestic life, even the strong, stable, healthy-minded man will be that no longer. He has acquired just those conditions of neurosis which are apt to cause a mental breakdown. The most interesting and obscure forms of mental disease are those which begin gradually, progress slowly, and are in reality a slow evolutionary change in the person's character.

Only too often does it happen that the laity regard the last and striking link in the chain of causes as the only cause, and thus ignore the effect of all previous and less prominent influences. Loss of business, death of a dear one, excesses of various kinds, are looked upon as causes, when actually scientific investigation shows

that heredity and weakening diseases were the true etiological factors upon which the former acted, and thus were effective in bringing about the catastrophe. We must take into consideration the general mental and physical individuality, for often mental disturbances are only the final results of all previous states of life and development.

Much depends on the reserve nervous force, the reserve energy, a man possesses. Take the man who is strenuously and eagerly working to support his family, who is having a struggle "to make ends meet," would not the receipt of bad news or some financial loss affect him? He might, for the time being, shun society and seek instead the privacy of his own home. But if the man be strong mentally, his worry and anxiety will show themselves in a manly way; he will in time throw them off and gradually rise above his temporary misery. If, on the other hand, he has little reserve stability, is naturally gloomy, and of a nervous and morbid nature, his anxiety, which was at first quite legitimate, will slowly drift into a confirmed condition of anxiousness and fear; he next becomes depressed, and finally passes into a condition of true melancholia. While his suspicions, anxiety, and fears remain, he has now lost all sense of proportion, cannot control himself, and from this the transition is easy to almost any kind of mental disease. Such is indeed a common story and one of everyday experience.

Another cause of the increase in insanity is the premature discharge of insane patients from asylums. We have to face the fact that annually there are being turned out of the asylums a number of recovered, partially recovered, or unimproved patients corresponding roughly to from 25 to 50 per cent. of the several admission rates; of these nearly 58 per cent. are women—about 75 per cent. of whom are at the child-bearing age—and 42 per cent. men, nearly all (90 per cent.) of whom are at the reproductive age. In the pauper asylums the large majority of these people are of the poorest class, mostly improvident, poorly educated, absolutely ignorant of the malignant powers they possess, and abominably careless as to what their intercourse may lead to, what

their progeny may be, what degree of physical or mental impotence their children may inherit, how these shall live, who will have to support them, or what poverty-stricken, unhealthy, immoral, or secluded lives they may have to lead.

Worry is one of the commonest precipitating causes of mental disease, and the worry attached to endeavouring to restart life, entirely unassisted, as is the lot of too many of those who are discharged from asylums, must certainly count for much in the frequency with which ostensible recoveries prove to be only temporary. It need scarcely be said that, quite apart from their mental condition, many of those who are discharged from asylums as cured stand badly in need of assistance. Their previous illness has often wrecked their careers; they have lost their homes and friends, and it is not easy for them to find work, owing to acts committed whilst their insanity was developing, and to return to their former neighbourhood and former position is not only repugnant to their sense of self-respect, but is also often impossible, owing to unjustifiable popular prejudices, hence many of them have to begin life over again.

In a large number of cases a patient had before his attack a trade by which he made his living, and some savings and resources to meet the needs of his wife and children. The disease seizes him, his wife and children are scattered to seek support, his resources are exhausted, his business is gone, and we know how difficult it often is for a healthy man to re-establish a business. The difficulty is greater for the recovered lunatic, against whom arise obstacles of every kind. He is distrusted, his recovery is discredited, and the lack of confidence is in some cases only marked by the fear he inspires.

Moreover, not a few require rest in the country for a time, under favourable conditions, as regards food, air, and companionship. Ordinary convalescent homes, however, refuse to admit persons on discharge from asylums, so, in default of special arrangement, many must take up the struggle for existence, so far as they can, the moment they leave the asylum premises. Many men and women return to poor homes, where deprivation and want cause them to break down again, and even in favourable

circumstances long residence in asylums—the same as in prisons or any other institutions—has destroyed that feeling of initiative and self-reliance and, above all, that healthy independence which is so necessary for success.

The very causes that led to the original attack in a mind not over-strong and possibly predisposed to mental disease are all the more operative after collapse has already occurred. By careful supervision after discharge such a recovered patient may be prevented from overdoing, may be removed from a depressing or unhealthful environment, and may be so favourably situated that a second attack will never recur, and the individual himself remain a productive member of society.

At one time, when a patient was discharged from the asylum, it could be said:

> Wither he went and how he fared,
> Nobody knew and nobody cared.

Now there is an "After-Care Association" devoting itself to endeavouring to facilitate the re-entry into ordinary life of persons of the poorer classes when discharged from asylums as recovered; but, like all such organisations, it stands in need of adequate funds.

The After-Care Association is intended to afford protection to the indigent insane discharged as recovered from the asylums. Assistance to save these persons from want is not their only object. Their object is rather to protect the discharged patients from the manifold causes which may lead to their relapse, to guard them from the troubles that will assail them from the moment they are brought in contact with the outside world.

The methods of the Association, in brief, are as follows: The secretary of the society visits the asylums and works in close co-operation with the medical superintendents, and is notified by them when there are patients to be discharged cured, who are poor, and who have no homes nor friends to go to. For such cases boarding-places (in the country for the women and in the city for the men) have been arranged for. These are small cottage homes where a man and his wife are willing to board these after-care cases. There are now, I believe, about twelve of these cottage homes in different parts

of England. The board of both men and women is paid for by the society for from one to six weeks, usually until employment is found for them. The society keeps in communication with them often for years, until they are absorbed into the community as self-supporting, self-respecting men and women.

In conclusion, something should be said of the contagion of insanity. It is popularly believed that those who have to do with and care for the insane are themselves specially liable to be similarly afflicted. Indeed, the danger of association with lunatics is often very great, for sometimes whole families are affected by one genuine insane, and it is well known that asylum physicians after years of association with lunatics have themselves become affected. The contagion is purely mental, through the influence of association, and generally implies a pre-existing mental weakness or predisposition on the part of the recipient. Such communicated or imposed insanity is the imposition by a stronger mind on a weaker one of its own delusions. It is generally observed in cases of very close association and relationship, as between parent and child, brothers and sisters; and the communicated insanity is very generally cured by removal from contact or association with the imposing agent.

CHAPTER VIII

INEBRIETY AS A CAUSE OF INSANITY

BESIDES heredity, alcoholism of the *parents* is so common an element in the family history of the mentally defective or deranged as to be justly counted as a predisposing cause, and one of the most important. It is especially manifest in the causes of idiocy, imbecility, and epileptic insanity, a very large proportion of the victims of these afflictions having a history of parental intemperance. Opinion varies as to whether the habit of drinking is itself inheritable. It seems to me that if intemperance were as common in the female as in the male sex, it would, as a cause of insanity, be much more important than it is at present; but so long as the mother is an abstainer, the danger is not nearly so great.

Alcoholic parents tend to have degenerate children. Idiocy, imbecility, moral perversion, and epilepsy are most frequent amongst them. The curse of drunkenness has done much to demoralise the human race mentally, morally, and physically. Its debasing and degenerating influence has been especially marked among the lower classes, and has had much to do with their moral degradation. The children of drunken parents are born into the world with a defective nervous organisation, and such weak inhibitory will-power as to make them an easy prey to the trials and temptations which beset them on every hand. With a weak mental endowment they easily gravitate into the many highways and byways of sin, and early become a charge in one or other of the public institutions.

On the other hand we must not forget that since many people drink to excess because they are not quite sound mentally, we do not know how many of the children of

drunkards are hereditarily affected for the reason that their parents drank, and how many because their parents were originally unbalanced in mind. That a drunken father, and more certainly still a drunken mother, does produce idiotic and epileptic children I have had absolute proof in my own experience.

It might be asked how it is, as so often happens, that a chronic alcoholic may have offspring mentally and physically sound. The answer is wrapped up in the causes which lead a man to drink, and observations seem to show that a man who can drink continually for a number of years, and keep out of a lunatic asylum, a prison, or a hospital, must possess an inherent stable physical and mental organisation. The virility of his stock remains potent in spite of his vicious habit, although it is undeniable that his offspring, in all probability, would have been stronger and better had he been a temperate man.

Many lunacy specialists hold the opinion that insanity is largely due to drink, ignoring the two dominant facts that insanity is on the increase and that drinking is not. My experience has taught me that the number of insane owing to intemperance is comparatively small, but that the defective self-control of persons inclined to insanity often leads to drink, and even a glass or two in such tainted persons may produce the appearance of drunkenness. Alcoholic drink in moderation may do no harm in the healthy, but it is "rank poison" to unstable brains and brains that have been injured or are diseased.

To no class of persons is intemperance more dangerous than to those inheriting an unstable nervous system. The researches of numerous investigators have shown that, speaking generally, the insane, the weak-minded, the epileptic, and those who have sustained grave head injuries are susceptible in unwonted degree to the evil influences of alcohol. Persons so afflicted are poorly equipped with power of resistance, either because of defective hereditary endowment or because factors in their early development have rendered them unduly susceptible to toxic substances, so that they are profoundly affected by an amount that would only cause a mild exhilaration in a more stable organisation. For

such unstable persons there can be no half-way course. They cannot be temperate. *Such persons must be total abstainers*, or else must suffer the slow physical and mental deterioration that alcohol inevitably produces in such individuals. Those who have had previous attacks of insanity are more easily upset by drink than others who have not had previous attacks. Some neurotic persons may be driven mad by a sudden bout of drinking; others are upset after long series of debauches.

So complicated are the causes of mental disorder, that it is necessary to point out that the true cause is a defective heredity which provides the subject with a constitution which is particularly susceptible to the influence of such poisons as alcohol, and induces the subject to crave for a particular mental state—not for alcohol, but for the state that alcohol most conveniently produces.

Alcohol is unable to initiate insanity except in certain predisposed subjects. This is shown by the fact that although drinking to excess is very common in the community, the percentage of cases which develop insanity under the influences of this stress is very small. The predisposing factor is an inborn instability of the nervous system, or, in other words, a congenital structural defect of this tissue.

The deleterious effects of alcohol are far more liable to affect other viscera than the brain, such as the liver, which becomes cirrhotic, yet cirrhotic livers are rarely met with in insane alcoholics, so that only persons with an inherently stable nervous system can drink long enough to acquire alcoholic cirrhotic livers.

A list of reasons for imbibing was once given in *Punch*, which showed the absence of a guiding rule. One man took a glass because he was merry, and another because he was sad; one man because a friend had come to see him, and another because his friend had left him; one because he had a daughter married, and another because he had a daughter buried; one because he had a rising, and another because he had a sinking; and so on.

It is not of these minor and temporary causes of which we wish to speak here, but of the deeper reasons for drinking which produce harmful effects and may lead

the person to become a "drunkard." All the reasons advanced by our temperance advocates have a good deal of truth in them, but would not drive a man to drink unless he is already a "weak character." He takes to drink not so much from outward as from inward causes, by reason of his defective mental constitution.

It is not everybody who can become a drunkard; there must be a nervous predisposition, frequently hereditary. At the present day, when drunkenness is looked down upon as disgraceful by the better and more educated classes, excessive drinking has vastly diminished. It is fair, therefore, to conclude that, while what we may term as unbalanced temperaments and instincts of self-indulgence are inherited, the actual way in which these instincts will manifest themselves depends upon the surrounding conditions which may happen to prevail.

Some people seem to think that craving for drink is created by the sight or presence of a public-house. Yet they have only to ask themselves how it is that they pass the public-house not only with indifference, but with loathing, and it will be born in upon them that their contention is somewhat faulty. The truth is that nobody becomes a drunkard from choice or accident. Before a man takes to drink as a vice he has a taste for it, a predisposition which grows out of some physical defect, constitutional in the first instance, but liable to be aggravated by poor food, unwholesome surroundings, bodily wear and tear, and loss of moral tone.

Doubtless a few cases of alcoholism can be attributed solely to force of example, but even in those one must consider the brain-disposition of the person upon whom the example exerts its influence. Several people may be thrown open to the same examples and temptations, and yet it is probably only the minority that succumbs, and is this not on account of the different susceptibility or instability of the brains of those in question?

As far as the poor are concerned, the only place where they can meet their equals, where they can gratify their cravings for sociability, where they can discuss the topics of the day, and have a break in the monotony of their daily existence, is at the "public-house." Often it is the only place for a man, and even for a woman, to

escape to from a miserable small tenement, a big family residing in one or two rooms, or a bachelor living in a lonely lodging. The well-to-do man may have one or perhaps two drinks with his friend in his home or at his club, and can take his time over it. Not so the poor man. The conditions are such that the poor man is tempted, if not forced, to go on drinking. The exterior of the public-house is gaudy, but any anticipation of cheering comfort which the inexperienced customer might entertain is forthwith dispelled when he enters. The publican may have a comfortable and spacious sitting-room for himself and his attendants. The unfortunate customers, on the contrary, are shut out from all this by a high zinc-covered counter, and are allowed only small standing room between the counter and a draughty swinging-door. The floor is often dirty, and in most places no seats are supplied. Proper tables are out of the question, and often a barrel is used as a substitute. In this narrow, uncomfortable, wet, and cheerless place the customers, and especially the working-class customers, are obliged to stand while they take their refreshments. While a continental working-man takes his refreshment at his ease, seated in a comfortable chair, with a small table to himself or his friends, attended by a smart waiter, with access to a goodly supply of newspapers, the British working man has to take his refreshment at an exorbitant price at the sloppy zinc counter, and is there treated like an animal drinking from a trough. There is of course an object in this arrangement, and it is to encourage a constant relay of comers. There is little inducement to linger, and so soon as a man has finished his glass he feels that he is in the way, or he is bluntly asked what he will take next. In this way his feelings are worked on to induce him either to leave or renew his order. It is by improvement of the public-house, by giving the poor man in the public-house the advantages which the rich man enjoys at his club—comfortable rooms, tables and easy chairs, newspapers, etc.—that we can reduce the tendency to drunkenness. But we are doing just the opposite. Comfortable restaurants have no licences; they cannot serve alcoholic drink at all, or bottled beers and wines only, which must be

taken together with food, hence the competitors of the public-house find it difficult to exist.

Is it a wonder that what attracts the attention of foreigners in our big cities the most is a sight to which they are totally unaccustomed in their own country, the sight of "drunken women"? Drunken men too are seen more than elsewhere. Sometimes there is a fight, a life is taken, and the man—who originally only intended to take a glass of beer—is condemned. But the zeal of teetotalers is often extreme. They go too far when they say that crime, insanity, and every kind of misfortune are due to drink.

As regards crime, *premeditated* crime is rare amongst drunkards, but misdemeanours and crimes committed in passion, and while under the influence of alcohol, are common. Therefore, if we reduce drink, it is by no means certain that we reduce dangerous criminality. A criminal may drink for "courage" before his deed, in reality to blunt his moral sentiments and conscience; but if he takes too much he will be all the more readily discovered.

As regards the association between drink and immorality, this is particularly true of women. The women who drink to excess lose their feeling of shame. Unwonted alcoholic indulgence by young girls has been, in the great majority of instances, the first step in the downward path. On the other hand, most immoral women drift, sooner or later, into a condition of chronic inebriety.

Large numbers of women charged with chronic drunkenness are unfortunates living upon the streets and whose calling brings them into conflict with the police. Women of this class cannot possibly benefit, so far as their reformation is concerned, by detention in inebriate reformatories. Their health may be improved, but their animal passions are strengthened, and they return to the streets on their release. Properly speaking, these women are not inebriates at all; they are dominated by sexual passion, which absolutely controls them.

The results of reformatory treatment of inebriates are disappointing. From the histories of 1,900 inebriates who had undergone reformatory treatment, only 331 (according to Dr. Branthwaite, Inspector under the Inebriates Acts for England) did well after discharge,

or were said to have recovered, and this although a number had been at liberty for less than a year, so that even this small number would be less had all been under observation for an adequate time.

I believe too that great harm has been done to the cause of temperance by denouncing weak alcoholic drinks and strong spirits undiluted indiscriminately as all bad. The drink question requires to be approached with less passion and fanaticism. But the concerted and widespread efforts which have been made to enlighten the public as to the harmful effects of the excessive and habitual use of alcoholics, either as a beverage or as a substitute for food, although not always wisely directed, and in many respects fanatical and lacking in proper proportion, have none the less exercised a mighty influence.

Most liquors are taken for the sake of the effect, and not because they taste nice. Indeed to many people they are so nauseous that it requires a good deal of resolution to swallow them. To the temperate man and the abstainer drink offers no allurements, it satisfies no craving, it yields them no delight, and has for them no temptation. They are sober not on account of their superiority of resistance, but because not being tempted to desire, they do not fall. Many persons could not get drunk if they tried. They are drink-proof, not because of any superior virtue, not because of any superiority of self-control, but because drink holds out to them no temptation. Others have such unpleasant sensations if they exceed a small quantity of alcohol that they are compelled to leave off long before they have taken enough to make them drunk.

It used to be thought that there was some subtle influence in beer or spirits which leads those who begin by taking one glass to advance to two, ten, or twenty glasses. But closer observation has shown that the risk only arises with weak or defective characters. It is in the weak-minded person that the habit of drinking creates a morbid desire for more drink, overcomes the will, blunts the moral sensibilities, and makes everything subservient to its demands, until the habitual intoxicating cup thrusts itself perpetually on his thoughts, gradually

so occupying them as to exclude all other ideas. The resistance and prayers of his friends are of no avail; he declares he is driven by irresistible necessity to strong drink—"he will go mad without it."

There is nothing on earth that we can take to excess with impunity. Even the most wholesome food when consumed in excessive quantities will do harm, still more so such drinks as tea and coffee, not to mention ginger-beer and other beverages, falsely described as non-alcoholic. After all, most of the light lager beers consumed in Germany and some of the British "dinner ales" contain very little alcohol, except when manufactured for export, and since the German beer is kept on ice, it forms a cool and most refreshing drink in summer, and is much more wholesome than many of the lukewarm and insipid beverages consumed by our abstainers. Amongst those who consume choice wines, drunkenness is also rare.

It is true that our forefathers perhaps drank a greater quantity of alcoholic beverages than we do, but they drank wine containing a small percentage of alcohol and their drinks were less adulterated. To-day alcohol is found in more concentrated form, the wines, excepting the very expensive ones, have little grape-juice in them, and the adulterated stuff has been made cheaper and therefore within the reach of everybody.

Undoubtedly water is the most harmless drink, and no ingredient is needed; but it is not always easy to get good and refreshing water, except in mountainous countries.

The State gives the right to sell all sorts of drink among the poor; the State should also do its best to protect the poor from its influence. Earlier closing of public-houses would send a good many people to bed sober—a thing to be desired; but better still would it be if the State insisted on the absolute purity of drink supplied to the poor.

CHAPTER IX

TOXIC AND OTHER CAUSES OF INSANITY

THE primary seat of the mental disturbance is not always in the brain itself. The brain by means of its nerves is in direct or indirect connection with all the bodily organs. Hence it is possible that a brain intrinsically sound may show some morbid mental manifestations for the sole reason that the stimulations reaching it from other parts of the body are not normal. If the brain is really normal, such disturbances only arise with difficulty, or at any rate they pass away on cessation of the cause. Where the disturbances persist, there is always some weakness in the central organ.

We know that bodily conditions will affect the nutrition of the brain and modify its functions. At one time all looks bright, cheerful, and encouraging; at another time, not far distant, the same identical prospect looks cheerless, gloomy, and tinted with despair. This change depends upon physical conditions.

When there exists a condition of good nutrition of the brain centres, we experience a pleasant, agreeable sense of well-being, which shows itself very distinctly in after-dinner geniality, cordiality, and generosity. When the nutrition is imperfect, the consequences are a mixture of irritability and bad temper, blended with depression. This is seen in common life, and we are all familiar with the crossness of the hungry man.

The brain can be influenced by actions going on in the bodily organs in quite another way—viz. through the circulation. A diseased organ may contaminate the blood with abnormal products and through the circulation affect the nerve elements. Therefore it is one of the first points we investigate in any case of mental dis-

turbance, whether the internal organs and functions are in good working order or not, and whether there are any poisons circulating in the blood and so affecting the brain.

Often there is poisoning of the blood and the mind centres by a deleterious substance, or a starvation of them by insufficient or bad food. This toxæmic origin of insanity has of late assumed a position of great importance. In the minds of some, toxic action is the main factor, and the large majority of cases of insanity are nor primarily diseases of the brain at all, but are dependent on the toxic action of adverse bacteria which most commonly originate in the alimentary canal.

Among the intoxications it is usual to distinguish those which are due to the introduction of poisons from without, from those which are produced in the organism itself. The distinction, however, is not well defined, for the poisons which are introduced from without may produce chemical disturbances and also lesions of organs which may ultimately lead to a real internal intoxication. Again, the effects produced by the infections do not depend so much on the direct action of the micro-organisms themselves, as on the poisonous products, the toxins which they supply, or which are formed in the organism as a result of their action, and which injuriously affect the nervous structures.

Sometimes infections leave no evident disease behind, but only a weakness, an unhealthy condition, which later, under the influences of other causes, may give rise to a true mental disorder. The infection may also act as a stimulus to a latent predisposition.

When the toxic substances which are associated with the causation of mental disorder arise from the excessive formation of morbid waste-products, products of disordered metabolism within the body itself, they are then known as *auto-intoxicants*. Their number is increased particularly in deficient nutrition or starvation, after operations which have been followed by considerable loss of blood, after febrile diseases, as well as in long-continued wasting diseases. In the extreme form they set up a delirium known as **delirium of inanition.**

The principal symptoms are loss of sleep, followed by great restlessness and clouding of consciousness. The

patients lose a clear idea of their surroundings and do not recognise their friends. Actual hallucinations soon mingle with the altered perception of things, generally of a depressing character. The patients are anxious; warnings of death or other fear-inspiring visions are seen. There is confusion of ideas. The talk is incoherent or the patient repeats meaningless phrases, seemingly disconnected portions of sentences, as if the ideas were broken off in the middle. The delusions may change rapidly, the patient being in a sort of paradise one moment and smiling, and the next moment he is in hell, with terror on his countenance. The active motor agitation renders it very difficult to keep the sufferers in bed. The patient frequently seeks to escape, shows bold aggressive motions, impulsive acts of violence, immodest behaviour, and unreasoning resistance as far as his weakness will allow. Under treatment the cloudiness of consciousness disappears, and as the physical condition improves the other mental symptoms subside.

Since the symptoms pass away when the cause ceases, such patients should not be certified as insane. Only when the symptoms persist, as they do where the brain was originally defective, are we justified in treating the person as mentally deranged.

Typhoid fever and pneumonia are, next to meningitis, the infective processes that most readily induce mental disturbances.

In **typhoid fever** we have two distinct phases of mental disorder—one occurring during the acute febrile stage and the other appearing during convalescence. The nervous symptoms in some cases of typhoid fever completely overshadow all others, and the patient may rapidly pass into a condition of raving mania due to toxæmia. In other cases the patient may pass into a condition of wakefulness, with hallucinations of vision and hearing, and even delusions. Later there will be a stage of profound mental prostration, or a condition of imbecility or stupidity may ensue, lasting for several weeks. The other important mental change is the one of post-typhoid insanity, caused no doubt by nervous exhaustion and insufficient food, and it must be borne in mind that mania may follow ordinary starvation.

A patient suffering from **pneumonia** is liable to sudden frenzy, and may attack the nurse or patients, or may even throw himself out of a window without any warning.

Of the various infective diseases, **influenza** is also one that opens up the way for the development of secondary mental disturbances, especially in the form of neurasthenia with fixed ideas (Chapter XVI) and melancholia (Chapter XIX).

The action of the products of disordered metabolism usually manifests itself in persons who are predisposed by heredity to suffer from nervous diseases, for their organism and products grow only upon a suitable soil. We are thus driven back to the constitutional taint, the inheritance of an unstable nervous system as the chief factor in the production of insanity. Both sane and insane may suffer from similar toxæmia; but whereas the brain of the sane man is stable so that the toxines produce no mental symptoms, the brain of the insane man is unstable, and readily becomes disordered by toxic action. Both pathologists and psychologists have therefore arrived at the same result. The former say that two persons may have their blood in a toxic condition, and only the one whose brain is unstable will show symptoms of insanity. The latter say that two persons may receive a mental shock and be subjected to prolonged stress, and only the unstable person will manifest insanity. Given a high degree of tendency to a morbid reactiveness in the cortical cell from a bad heredity in any brain, it will be subject to mental disturbances from any kind of unusual stimulus, whether it be mental, toxic, or otherwise.

The auto-intoxication can also arise where there is retention of products which should normally be eliminated, deficient destruction of the primary products of metabolism, followed by their accumulation in the system. Thus there are nervous and mental disorders associated with diabetes and gout.

In **diabetes** the patient is irritable, fretful, and impatient. Later he becomes suspicious and distrustful of those around him, and may even develop delusions.

In **gout** we have unreasonable irritability and suspicion, intolerable bad temper, and anxiety. Such patients are the terror of their domestics.

Lastly, there are the organic and inorganic poisons introduced into the system voluntarily, or by accident. Amongst the poisons introduced from without, the most important is alcohol (see Chapter XXIII). This, as well as other poisons, such as opium, morphia, cocaine, is introduced voluntarily for the sake of the exciting effects which it produces. Other poisons, like lead, find their way into the system in the exercise of some occupation which exposes the person to a continuous contact with the toxic substance.

Amongst the internal secretions necessary in right quantity for a healthy condition of the blood is the secretion of the thyroid gland. When this secretion is in excess it produces **exophthalmic goitre** (Graves' or Basedow's Disease), a disease with very marked physical symptoms and some mental disturbance. The most common feature is an intense and indefinable agitation leading to a more or less marked motor and mental restlessness which causes the patient to look for constant change in his surroundings and work. There is an inability to settle for long to any one occupation or recreation. A sudden noise, any unexpected news, any of the ordinary disturbing elements of everyday life, may be followed by an attack of palpitation lasting for some hours, and yet these patients want to keep moving. They are frequently emotional, ranging from grave to gay, from marked depression to joyous buoyance, without any adequate reason. There are occasionally "volubility," considerable mobility of ideas, easy flow of language. Often the moral nature too is altered, and the patient becomes untruthful, spiteful, and suspicious.

When the secretion of the thyroid gland is deficient, we get a disease called **myxœdema**, again with definite physical signs and some marked mental peculiarities, consisting chiefly of a retardation of all the mental processes.

Most bodily diseases have certain mental features which may become so well marked as to interfere with the ordinary mental life, and to take their places as characteristic symptoms of the particular disease.

The temper of the patient is singularly modified by different disorders and diseases. The state of despon-

dency in **abdominal complaints** forms a remarkable contrast with that of hopefulness in **chest complaints.** We do get depression sometimes in serious lung diseases, but it is not the rule ; and such cases can be attributed to the gravity of the situation and the anxiety naturally associated with an intelligent comprehension of the danger impending. As a rule there is hopefulness as irrational as is the depression in some other affections. The consumptive patient, just dropping into the grave, will commonly enough indulge in plans stretching away far into the future, ignoring alike his real condition and the improbability, nay, even impossibility, of any such survival as he is counting upon. Hope seems to rise above the intelligence, just as in certain abdominal diseases there is a depression which successfully defies the corrections of the intelligence.

Disordered heart's action is another cause for insanity, as one would naturally expect when the blood supply of the brain is irregular. Whatever disturbs the healthy action of the brain may become an exciting cause of insanity in those so disposed. Persons labouring under heart disease are very apt indeed to suffer from doubtfulness, caprice, vague fears, dreads, and suspicions that cannot be explained in any other way than by the reflex effect on the mental part of the brain when this great organ is in a condition of disease. The heart has always been put down as the seat of the emotions. It is certainly not so, but it is equally certain that the emotions specially affect the heart's action, and that certain emotions are " felt " in the region of the heart. It has become part of literature to talk of " the heart " in opposition to " the head." There is really no such opposition, but, on the contrary, the closest connection. To say that a man's head is weak, but that his heart is alright, when translated into physiological language means that a man's intellectual centres in the brain are not strong, while his emotional centres are extra well developed and sensitive.

There is no special form of insanity associated with **kidney disease,** but in the later stages of chronic Bright's disease the brain seems to participate, until it is violently overcome by the uræmic poison. The patients are often found crying, and on inquiry they exhibit marked de-

lusions of fear and suspicion; often they are delirious, restless, irritable, and show mental failure, until coma terminates the scene, preceded by convulsions. When uræmia supervenes, there are at first restlessness, headache, insomnia, then the patient rapidly passes into a violent stage of mania, with delusions of fear and suspicion.

The immorality common to urban life spreads one particular disease—**syphilis**—which has a most far-reaching and disastrous effect on the brain and nervous system. These effects sometimes appear five, ten, or twenty years after infection. The poison weakens the entire nervous system so that it succumbs more readily to disease. *Locomotor ataxia* and *general paralysis* (Chapter XXII) are the two nervous diseases most common in such patients. The scourge of this disease has been the most deadly enemy to the upward progress of the human race the world has ever seen. Its disintegrating power in destroying human life has been greater than even plague and war.

The children of parents affected with the primary or secondary stages of this disease are born with hereditary syphilis. A large proportion of them die of convulsions and meningitis. If they survive a few weeks or months, the disease reveals itself by defective development, slowness of growth, and even at adult age such subjects are often stunted, and the brain or other parts of the body may show arrested development resulting in idiocy, imbecility, or simple weak-mindedness (Chapter XXVI). Epilepsy may also occur.

Premature and **abnormal sexual habits** are also weakening to the resisting power of the nervous system, and therefore often cited as causes of insanity.

In women, predisposed to insanity, there are two what we call " exciting " causes. These are the puerperal and lactational periods (Chapter XXIV). It is evident, therefore, that everything promoting health during these periods, and all the principles which aim at placing even working women under hygienic conditions during their term of maternity, will constitute preventive measures against insanity.

Then there are such physical causes as **heat-stroke**

from exposure to the direct rays of the sun upon the body, especially upon the head, and from excessive artificial heat, as in the case of firemen and stokers on large steamers. Sunstroke and heat may predispose towards mental disease, or their immediate effect may be a hallucinatory-confusional type of insanity.

Insanity sometimes occurs after a **surgical operation**, and is not always due to inanition. For instance, amputation of an arm or leg does not give rise to mental disturbance, yet operations on the ovaries, rectum, bladder, and prostate frequently do, for they affect the sympathetic nervous system which has to do with the emotional nature of man.

Brain-tumours and large hæmorrhages in the brain may produce mental as well as physical symptoms through increased intracranial pressure (Chapter XIII).

An important cause of insanity in a considerable number of cases is **injury to the head** (Chapter XIII). I know, from actual experience in my own practice, that such injury, although often trivial, leaving sometimes no external sign on the head, can yet cause serious mental disturbance. In my book on *The Mental Symptoms of Brain Disease* I have shown that the type of insanity varies in accordance with the region of the brain injured, and have cited some eight hundred cases in support of my view. The insanity which follows head injury may appear immediately after the accident, or there may be only a change of disposition and character for some time; but in a great many cases the insanity occurs only years after, and yet patients can be restored by surgical operation when the seat of injury can be localised. Not every history of a fall or blow on the head can be verified, for many relatives are fond of imagining such a cause in place of a more serious one; on the other hand, it is my conviction that in many asylum patients there is a history of injury to which no attention has been paid, and who might have a chance of recovery if an operation were undertaken.

Another cause which, in my opinion, has been undervalued, at least as regards frequency, is the injury done to the individual at birth owing to the *pressure of a badly applied forceps*, producing hæmorrhage in the brain of the

newly born. In my out-patient practice I have seen quite a number of children bearing the scars of such injuries on each side of the head. Labour in civilised races has become more difficult; the pressure to the child's head in a narrow pelvis, or from prolonged labour at the period of birth, as well as the injury by the careless or unskilful use of forceps, account for some of the cases of idiocy. It is a fact that cases of idiocy are more numerous among males than among females, and this may be in some measure due to the fact that the male head is larger than the female, and therefore likely to receive more pressure.

One cause productive of idiocy or feeble-mindedness is attempts to secure *abortion*. Where that is instrumentally attempted without success, injury may be done to the head of the fœtus, and where drugs are used, these may disastrously interfere with its nutrition and growth.

Another cause is the practice of **artificial, insufficient, and improper feeding of infants**, especially amongst the poor, which leaves the survivors to continue the struggle for existence with constitutions seriously weakened and impaired. A child born perfectly healthy, and of healthy parents, but half-starved during the whole period of its infancy, is liable to grow up imbecile or demented owing to an unnourished brain, or a brain badly nourished, during the growing period. Often intestinal irritation is set up, and this in infants, with any tendency to nervous instability, brings on convulsions which retard cerebral development. Infantile convulsions often merge into epilepsy, which again in a large proportion of cases causes mental disorder or enfeeblement.

Febrile diseases in infancy and childhood are responsible for a certain number of cases of mental defect; meningitis is a common cause, and so is fright, cruel usage, and educational over-pressure.

Finally, there are many cases of mental disease in which we are not able to find out or assign any cause at all, whether from without or within. We know that a cause must have existed, but it was so little evident as not to come within the reach of even careful investigation. It has to be remembered that after all we are only on the threshold of unravelling the mysteries of brain and mind.

If, as the author believes, the brain is not a single organ, but a combination of different organs, specifically distinct, the cause of insanity may be a want of harmony in the development of particular cerebral centres or organs, and in such a case the possible combinations are innumerable. This condition would also account for the observation that in some forms of insanity no pathological change has so far been discovered. Indeed, the causes we have enumerated, whether mental or toxic, are only *exciting* causes; the *predisposing* factor, the organic anomaly which renders the brain vulnerable, is by far the most important but must remain a mystery until we know more of the normal brain and its functions.

PART III

THE PREVENTION AND TREATMENT OF INSANITY

CHAPTER X

THE MENTAL FUNCTIONS OF THE BRAIN

WHAT can we do to prevent mental unsoundness in persons with a bad heredity or a distinct tendency? What can we do by way of treatment during an attack or in case of chronic mental weakness? How can we prevent the recurrence of an attack, and what shall we do with the incurables? These are the questions we have set ourselves to answer in the succeeding chapters.

To solve these problems satisfactorily, a knowledge of the human brain and its mechanism is most essential; secondly, a knowledge of practical psychology and human nature in all its varieties, which can only be gained by long experience; and thirdly, we must be acquainted with the manifestations of unsound mind and perversities of character.

Of all the organs in the human body, the brain ranks highest in importance; yet, strange to say, until about a century ago it received hardly any attention, and even at the present day the knowledge of its *mental* functions is still very obscure. Most of the knowledge of the functions of the brain is derived from experiments on living animals, which have produced valuable results for the neurologist who has to deal with disorders of motion and sensation; but they have produced next to nothing of value to the psychiatrist, whose business it is to study disorders of the mind. Nor can it be wondered at, for even if the animal brain has the same correlation to psychical activities as the human brain, we cannot produce a thought or feeling at the point of the scalpel, and we must ever fail by this method to shed light on the nature of mental derangements. It is believed by some experimenters that large portions of an animal's brain

can be scooped out without any effect on its mentality; yet it is well known that a trifling injury to the brain of man may render him insane.

Clinical experience is, after all, the most important, and it has already taught us a good deal.

By clinical observation it has been ascertained that all mental operations take place in and through the superficial grey matter, or "cortex," of the brain. Organic life, nutrition, circulation, excretion, secretion, motion, in fact all vital functions, can be carried on without the cortex of the brain; but the manifestations of the intellect and moral sentiments, the affections and propensities or instincts of self-preservation, cannot take place without it. Provided that the cortex of the brain be not affected, all the other portions of the system may be diseased, even the spinal cord may become affected without the mental functions being impaired. Of course if the heart, the medulla oblongata, or some other vital part be injured, death will succeed any such experiment. If, on the other hand, the superficial grey matter of the brain becomes compressed, irritated, injured, or destroyed, the mental functions get partially or totally deranged or become wholly extinct. When the compression of the brain is removed, as in the case of an indented skull and tumours of the brain, or the extravasated blood or accumulated pus is evacuated, or the cerebral inflammation allayed, consciousness and the power of thought and feeling return.

The mistake that is often made is that mind is regarded as if it consisted of intellect alone, whereas we all *feel*, as well as think, with our brains. If it were not so, those animals with larger brains than ourselves would have to be more intellectual than any human being.

We think and feel, rejoice and weep, love and hate, hope and fear, plan and destroy, trust and suspect, all through the agency of the brain cortex. Its cells record all the events—of whatever nature—which transpire within the sphere of existence of the individual, not merely as concerns the intellectual knowledge acquired, but likewise the emotions passed through and the passions indulged in. We can only manifest our intellectual aptitudes, moral dispositions, and tendencies to

self-preservation through the mechanism of the brain with which we happen to be endowed and according to the sort of experience we have accumulated. Hence, though the primitive mental powers and fundamental anatomical parts of the brain of all men are the same, we all vary according to the mental predispositions and brain-types we have inherited and the early education we have received.

Other things being equal, the greatest amount of mental capacity and vigour is allied to the largest quantum of cerebral substance. All observation proves that the energy of any nervous centre always bears a direct proportion to its bulk, whether absolute or relative. Every organ of our body increases in size, in proportion as it is exercised within the limits of its physiological capacity, and this holds good as to the brain as well. With increased mental work the brain will show an increased growth; hence the cranial capacity is often seen to be greater in the insane than the sane, the constant mental exercise increasing the size of the brain.

The head of a new-born child is from 13 to 14 inches in circumference; those of adults are found to vary from 21 to 23 inches; female heads average 1 inch less. The entire brain may be too small. Thus, if we find a circumference from 14 to 17 inches in an otherwise well-proportioned head of a boy twelve years old, we may expect so small a size to be accompanied by a greater or lesser degree of stupidity or fatuity, more or less inability of fixing the attention on a particular object, vague sentiments, indeterminate and transitory affections and passions, an irregular train of ideas, speech consisting of broken phrases or merely of substantives or verbs, as—to eat, to walk, to play, etc., blind and irregular instincts, or an almost entire absence of them.

Heads of 18 or 18½ inches in circumference are small, yet if well balanced are not incompatible with the regular exercise of the intellectual powers. They indicate a pitiful mediocrity, a slavish spirit of imitation, credulity, superstition, that species of sensibility which by a trifle is raised to the height of joy or plunged in an abyss of tears, a very fallible judgment, an extreme

difficulty in discerning the relation of cause and effect, a want of self-control, and frequently, which is a happy circumstance, but few desires. With this degree of development, however, there may exist some marked mental aptitudes—such as a remarkable memory for figures, dates, music, etc.—because some cerebral part may be more fully developed.

As a rule, when the brain is too small, it is not dwarfed equally in all its parts, but is specially so in the frontal regions—in those parts which manifest the peculiarly human faculties and sentiments—while the hinder and lower parts of the brain are far less affected. Were the brain developed equally in all its parts, the idiot or imbecile would be also incapable of manifesting any emotion, whereas on the contrary his emotions are manifested all the stronger from lack of the inhibitory control of reason.

Though the brain may be represented as a unit, yet it contains innumerable centres with in- and outgoing fibres, and fibres which connect them altogether, a network of intricate organic paths, along which a stimulus started may travel in countless, but not indefinite, directions. All the fundamental kinds of psychical activity are carried on in more or less distinct parts of the cerebral hemispheres. These centres represent organically every minute detail of knowledge and experience ; they register every definite observation and thought, and every process of reasoning with which the individual has at any time made himself familiar ; they represent every sentiment and emotion, every affection and passion, and indeed every one of those mental processes which are needful for the display of what constitutes mind and character. There is the same order in the organisation of the cerebrum as in every other organ, the same physiological division of labour in which all organisation consists.

Not very many years ago localisation of function was considered impossible because of the supposed uniformity of the structure of the cortex of the brain. It is through the microscopical studies of recent years that the localisation theory has gained its most notable victory. Since 1874 a large number of investigations have been undertaken into the formation of the grey matter of the brain,

with the result that it was discovered that the brian surface consists of various strata of cells, and that there are histologically highly differentiated regions and areas, not only as regards the cellular elements and cell types, but as regards the structure of the fibres. Although these investigations have been carried on for close upon forty years, the most valuable results have been gained only during the last two or three years, so that they are still little known and not yet sufficiently appreciated.

Without entering here into technical details, for which see my work on *The Mental Symptoms of Brain Disease*, I mention here a few facts which throw light on the problem of localisation.

Throughout the mammalian series there occurs in definite localities of the brain-cortex the same characteristic structural formation, so that we can define homologous areas in the different animals varying only in extent. On transverse section the cortex of the brain shows a number of distinct regions of peculiar structure varying *firstly* as regards thickness, *secondly* as to the appearance of the cells in the various layers, and *thirdly* in quality. The cortex contains, therefore, a multiplicity of organs, of differentiated structural complexes, which we are led to assume from the analogy of other organs to have separate functions. Forty-eight distinct areas have been made out, having identical structure in man and animals. This topographical differentiation of areas is the first step towards localisation.

For the purposes of our investigation it matters little whether these psychical functions are complex or simple, whether they have a "predilection" for a circumscribed and histologically distinct part of the cortex, or whether they are the "resultant" of numerous minor processes all over the brain, or whether all the elements of a complex psychical function are to be found associated with a particular centre. This must be a question for future discussion. All we need agree upon, for the present, is that there is a relationship between certain parts of the brain and certain psychical states and qualities.

In my opinion, and I must insist on repeating it again and again, it is because of the non-recognition of this

principle of the *localisation of mental functions* that so little progress has been made both in the study and treatment of brain disease and mental disorder.

Many physiologists recognise only centres for movement and sensation, optical, acoustical, and other areas; but we must not forget that behind those sensory and motor centres there lie also all the functions which constitute mental phenomena. The fact is overlooked that man has a much larger and by far more complicated brain than the lower animals, although he has not anything like the amount of muscular energy and power which many of them possess.

There are some who still hold that all knowledge is derived from sensation, and that therefore the sensory brain-centres, such as the centres for sight and hearing, are the centres for the intellectual operations, quite ignoring the fact that animals and savages have keener and in many respects more perfect senses than civilised man, and should therefore, if this view were correct, be his superior in knowledge and understanding. Why should the sensory region be just the intellectual region ? The feelings and passions can be aroused just the same, and much quicker, as the result of the objective perception gained through the medium of the eye.

Every decided advance in the knowledge of the localisation of functions has been due to the careful collection of cases with autopsies and the study of their common features. It is by the observation of clinical and pathological data chiefly that we can hope to discover the mental functions of the brain and their localisation.

Post-mortem investigations alone without a study of the patient while alive are unsatisfactory, for the disease, in a person who died insane, has converted the edifice of the mind into a mass of ruins, and the pathologist is almost in the same position as a man would be who were to inspect fireworks on the morning after the show is over. The living phenomena are gone, and with them the key of explaining the meaning of the structural changes. Nor can the bacteriologist or physiological chemist explain the working of the human mind, independent of the physician. The things they have found are discoveries of great importance, but they explain only

the proximate and not the essential cause of insanity; they are the sparks, as it were, which ignite the fireworks. A knowledge of the igniting impulse and a study of the remains of the fireworks are extremely useful, but they do not explain the combustion. For this purpose we must actually witness the display, and this is done by the physician, who attends and treats the living patient.

Just as we have elementary feelings in common with animals, but are distinguished from them by our greater intellect and higher sentiments, so we have some parts of our brain in common with animals and some which are distinctly human. If we take the lowest animal which has a rudimentary brain and observe its gradual development throughout the whole species till we reach the highest apes, we shall find that parallel with the gradual development of the reasoning capacity so there is a part of brain, corresponding to the *frontal lobes* in man, which increases in size and is relatively largest in the gorilla, chimpanzee, and orang-outang, and reaches its highest development in the human being. Since the other lobes of the brain in man and animals show no such disproportion, we may draw the inference that the frontal lobes are related to functions which are distinctly human, that they are the instruments for the higher intellectual operations and the highest human sentiments. This is confirmed by various other observations.

If we study the growth of the human brain in the embryo, we find that those parts which are the latest and highest acquisitions grow last, and just as the reflective and reasoning faculties are the latest to arrive at perfection, so the frontal lobes are the last to develop.

If we examine the brain of microcephalic idiots, we find that the arrested development is chiefly in the frontal lobes. Indeed, if we compare the frontal lobes of imbeciles with those of men distinguished for their intellectual qualities, we find a great contrast in their size, though the remainder of the hemispheres has attained to normal growth.

We also find that when the frontal lobes are destroyed by injury or disease, the intellectual processes become defective and the instincts and passions get beyond control. On the other hand, we do not find, when other

parts of the brain are destroyed, leaving the frontal lobes intact, that the intellectual powers suffer at all, or at least not to the same extent.

For purposes of confirmation we may also quote the results of experiments on dogs and monkeys which have shown that, after destruction of the frontal lobes, the curiosity to observe, which is so marked in them, is lost; that they are not able to receive new impressions or to remember or reflect on the old; and that since they can no longer discriminate, they become timid and easily excited. All the emotions and propensities remain intact, only increased in activity for want of control; but they show no longer gratefulness, cannot adapt themselves to new surroundings, neither learn anything new nor regain what they have forgotten. Experiments on animals thus confirm our view that the frontal lobes are the centres of perception and reflection and the centres for the higher sentiments, so far as their rudimentary existence can at all be demonstrated in the lower creatures, and that they are, in addition, centres of inhibition against the instinctive impulses.

Numerous other facts can be adduced in support of the view that the frontal lobes are the centres for the purely intellectual operations. Thus the expansion of the frontal lobes in men engaged in intellectual pursuits has been repeatedly demonstrated by actual measurements, and it has been repeatedly shown that the frontal lobes vary in size and weight in different races according to their intellectual capacity.

The size of the *entire* head shows the mental *power* only, but not the mental correctness. The town clock may operate with a degree of power in proportion to its size, and may be heard resounding throughout a whole city, exercising thereby a widespread influence, and yet a small watch may excel it in point of correctness. Likewise, a little man with a small head may excel in correctness a big man with a large head by reason of a more perfect proportion of the several parts of the brain and a better cultivation of his mental powers. But not in every case where the size, shape, and quality of the brain prove favourable will the mental operations get well performed, for there are other things which impart

unusual energy or impede the activity of the brain. The digestion, circulation of the blood, or other functions may be out of order, and exert an exciting or deteriorating influence on the brain, however well proportioned.

Until recent years it was believed that the shape of the skull had no relation to the shape of the brain. Now, however, there is not an anatomist existing who would deny that *the size and shape of the skull is for all practical purposes a fair index of the size and shape of the brain.* Without committing ourselves to phrenology, it is highly advisable that more attention be paid to the shape of the head. We have learned a great deal during recent years about the *microscopical* appearance of the brain in health and disease, but as regards the *naked eye* appearance of the brain, the relative value of the development of its different parts, there is still profound ignorance; not only so, but there is no genuine interest in the subject. We have great experts as regards the histology and pathology—that is to say, the post-mortem appearance of the brain; but the living head has interested the expert of brain and mental diseases so little that one would expect the organ of the mind was anywhere but in the head. It is curious that dog-breeders and stud-owners should know so much of the heads of the animals they breed, and that men who have a thousand or more human beings under their care should have made no observations as to the significance of particular types of head. It is no exaggeration to say that over twenty-five per cent. of all insane present abnormal heads, and if the author's experience is worth anything, their study will prove most valuable to the better understanding of the patients and their mental states.

Every attempt should be made to solve this problem of the mental functions of the brain. The treatment of insanity will not be perfect until we have acquired such knowledge. Such is my view based on a close study of the entire history of brain research from its origin at the end of the eighteenth century to the present day.

We shall refer to this subject again in Chapter XIII, when we describe the effects of injury to the brain, of circumscribed hæmorrhage, the growth of tumours, etc., and their method of treatment.

CHAPTER XI

MENTAL DISCIPLINE AS A PREVENTION OF INSANITY

SOME good should certainly come out of every practical attempt to work the brain on right lines, to point out the causes of brain and mind failures, and to anticipate some of the effects of evil heredity, bad environments, and disease. It is for the physician to observe and give advice as to what precautions can be taken. Those who are able to observe such individuals from birth, and advise concerning their bringing up, their schooling, and entry into the world, may do much to save them from the hereditary scourge. If we want to prevent insanity, we must commence with the children (see Chapter XIV). From the earliest stage we may note symptoms which should put us on our guard. Neurotic children require careful management in the upbringing. The infant may sleep badly, may be cross, restless, or over-excitable, or have infantile convulsions. There are other conditions of a contrary nature, but still marking disease, where there are stupidity, lethargy, slowness of movement, a diminution of sociableness, a lessening of the normal desire to please, and a general lassitude of mind.

As soon as the child shows signs of mental activity, two conditions will attract attention. The child may be backward or he may be precocious. The *backward* will be slow to grasp what he is taught ; such a boy or girl requires special tuition. It is useless to place them in a class with others whom they resemble only in age, and expect them to do the same lessons and compete on perfectly equal terms. The competition of the defective child with the normal child is disastrous to the former, and results in a condition of hopeless inferiority. Special

teachers are required who will not lose their temper, but will, with patience, bring forward what talent may lurk in the backward mind. Many backward children have a special aptitude for some one pursuit, as music, drawing, carpentering, or even mathematics or mechanical engineering, and it is the teacher's business to discover this and develop it by every available means. Masters and mistresses are apt to mistake inability for idleness, and to unduly press and punish the backward child, assuming that because one subject is well learned it is mere idleness that prevents all being equally well done.

On the other hand there is the *precocious* child, bright, quick, and intelligent, apt to learn, and the pride of his teachers. This precocity is often born of a neurotic stock, just as is the backwardness of the last mentioned, and it demands as much care. He is often encouraged to compete for places or prizes at school, which increases his tendency to nervous disorder. He should rather have manual training, and learn to associate knowledge with ability to do something. His training should not be so much stimulating as inhibitory.

The facility with which some scholars learn without any very apparent effort is not always due to superior power, but sometimes to habit of controlling and concentrating their thinking faculties. He who possesses this inestimable power, which can only be acquired by cultivated habit, has a great advantage over a fellow-scholar who, though perhaps of greater ability, has to contend against the multiform innovations of casual thoughts.

Parents are apt to attribute the breakdown of the health to educational over-pressure, but the fault lies much more often in the want of *suitable* education. Subjects are crammed into a child's head for which he has no actual capacity. If it is true of normal children, it is still more true of neurotic children that they require individual training as much as possible.

Besides the intellectual gifts, the characters and dispositions of children require to be carefully studied. Some are bold, others timid; some frank, others reserved; some rash, others cautious; some forward, others retiring; some active, others slow; and so on,

each requiring special treatment. For many children of a nervous temperament, habits of system, order, punctuality, temperance, self-reliance, perseverance, and self-control may be their salvation in after-life. They require such moral education and character organisation as will fit them to deal with the practical affairs of life, and enable them to do well when launched upon the business of the world.

It is of the highest importance that timidity should not gain possession of the child. A nervous child should early be accustomed to have confidence in himself. For this purpose all about him must encourage him and receive with kindliness whatever he does or says.

Excessive emotionalism is a defect common to the greater number of children sprung from a neuropathic stock, and its development must at all costs be repressed.

Bad temper is frequent in neuropaths and unbalanced minds, and is very often the result of faulty education. The child who is overwhelmed with incessant reproaches, or who is thwarted uselessly and on all occasions, retires within himself and takes to brooding over his woes and disappointments ; little by little he accustoms himself to melancholy, and later on he will be more inclined than others to pessimism, moral depression, and discouragement.

If the child grows up fairly normally, there comes a time when a profession will have to be chosen for him. Taking to the wrong profession or sphere in life may absolutely change the life, so that unsoundness of mind may result. A man always runs more risk if he spends his life doing uncongenial work, especially if he has an innate craving for something else. A square man in a round hole is much more likely to come to grief than one whose occupation fits his capacity. When we have to deal with a neurotic girl or young man inheriting insanity, it will be of the utmost importance that the career chosen should be one fitted to mental constitution, and that everything about them should be equally studied and regulated with the view of constantly warding off the threatened evil.

Among the educated and richer classes the cry of, " What shall we do with our sons and daughters ? " is

an urgent one. The great considerations which should help the doctor and the parent in choosing an occupation for the young are health, defects, aptitudes, special leanings, opportunities, powers of resistance, tendencies to special risks and temptations, and special mental, moral, or bodily strong or weak points.

As regards education of the children of the poor, I would say, "Find out what each child is capable of doing—that is to say, his actual aptitudes; teach him to succeed in these, and then you give him a means of livelihood." If only our educators would remember that skilled labour and not general education is what is valuable! The various professions and all the so-called higher callings are invaded by a mass of young people who imagine they possess a faculty on the strength of what is called a "liberal education," which means that they have simply been "crammed" up to pass a series of examinations. In consequence, every avenue of employment that is not mechanical is overcrowded, and wages for intellectual labour are at their lowest ebb. It may be said with truth that a man who has left to him a coster's barrow and a good pitch has more wherewith to gain a living and a place in the world than any university education can give him. The hardships of the born proletarian are small compared to the sufferings of those whose artificial education has rendered them ornamental rather than useful, and who therefore, when deprived through misfortune—which may happen to any of us—of the means of independence, are quite unfitted to take part in the struggle for life. In this struggle it is not merely the morally or physically unfit that go down, it is rather those who are morally refined and intellectually superior if they have learned nothing that will gain them remunerative employment. It is the victims of artificial education who suffer.

As in regard to modes of education, so in the selection of occupations for life the doctor may very well be consulted. In a book on *Scientific Phrenology* I published some years ago I have tried to lay down in a systematic way the points that should guide us in determining the character and dispositions of a child and the selection of a suitable occupation.

I am well aware that science has not reached that point yet when we have definite indications to guide us in every case ; but how much more effectively the world's work would be done, how many wasted lives would be saved, and how much unhappiness would be avoided if we could put every young man and woman into the groove for which nature has fitted them. Those who are in possession of real genius would not, as frequently happens now, be obliged to pine away their lives in a garret, and men would no longer be put to the learned professions who are scarcely fitted for driving a plough or scraping on a fiddle.

It is singular how few have the fortune to be put, at the outset of life, into the path wherein their genius lies. This is a true and most lamentable fact, but we cannot consider it by any means remarkable under present circumstances. The general public have scarcely any means of judging of the talents and dispositions of the rising generation until they are developed by time ; but then, alas ! the knowledge comes too late, as the fate of the parties, in most instances, has been irrevocably fixed. It would be impossible to overrate the pleasures and advantages which would arise from having the right men invariably in the right place.

What has been said with reference to the training of children to self-control applies equally to the adult. Many persons have naturally a very limited supply of this power, or it has not been cultivated in them in youth, so that it takes a small occasion for them to lose it. Exhaustion, mental or bodily illness, or any bodily weakness, has the effect on such people of paralysing their power of self-control. They will be angels or demons just as they are fresh or tired. Self-control implies command of temper, command of feeling, coolness of judgment, and the power to restrain the imagination and to curb the will.

What is insanity but a condition in which our thoughts and feelings are no longer under voluntary control ? It is the presence or absence of the power of self-control which constitutes the great distinction between sanity and insanity.

The insane have fixed ideas and habits which they

have not the power, in themselves, to change, and later on, as the disease progresses, have not the desire to change. To overcome obsessions and delusional beliefs by volitional effort, it is far better to make that effort in the direction of thinking of other subjects or of doing some work that has nothing to do with the obsession, than to "reason it out" and make efforts of will directly in the teeth of it. Evade it rather than stand up to it should be the rule in most cases. Turn into a side road rather than meet your enemy in the face of his line of communication. Switch your mind on to a loop line and let your foe pass by. Whistling to keep up courage is no mere figure of speech.

We want to learn in our youth to *concentrate at will*, to switch our brain on and off in a particular subject, as one switches electricity on and off in a particular room.

What training can do can be seen by the different effects the same conditions produce on different individuals. One is cheerful and contented under circumstances which depress and discourage his neighbours. One sees only blemishes and defects in the things about him, whilst another sees in these same things the beauties they possess and the purposes they serve. One regards everything in its relation to himself alone, whilst another unselfishly considers its bearing on the general weal.

Unrestrained doubts tend to make the judgment impervious to evidence. Discontent likewise deprives even the luxuries of life of their satisfying power, and makes its votaries in the palace more dissatisfied with their wealth than the poor man is with his pittance.

Closely allied to indulgence, in its effect, is the habit of brooding over unwholesome currents of thought. A sense of injury magnified by frequent reflection and indulgence will generally lead to ideas of revenge, and thus evil begets evil, and is multiplied. Many a suicide owes the loss of his life and its priceless, irretrievable opportunities to the indulged contemplation of the idea and the consequent increase of its force and weakening of that control which could have saved him from so miserable a fate.

Mental discipline gives force and efficiency to the mental powers and strength to character. The lack of

it weakens the intellect. The dissipating effect of a listless habit extends to every department of mental action. Listlessness does not imply a want of thought, but of its useful and effective application. Uncontrolled and wandering thought is generally led into unwholesome currents; it is often engrossed by captivating ideas.

The ruling motive of the strong-minded man who maintains a mastery over the direction of his mental faculties is determined by the principles he has imbibed and not by the feeling of the moment. He is a reasonable being, not only as possessing the full measure of reasoning powers, but because they furnish the actuating motives which determine his judgment and regulate his conduct, freed from the enslaving influence of adventitious circumstances.

In the stress of modern civilisation, the man who has no unity in his scheme of life and is racked with doubts, the man who frets over trifles and tries with his disjointed and vague philosophy to solve every little point as it arises, whose only measure or ultimate sanction for action is the impulse of the moment—that man is at the mercy of circumstances, his nervous energy is readily exhausted, and he is liable at any time to fall a victim to neurasthenia, hypochondriasis, or melancholia, if not to vice and its attendant evils.

In acquiring mental discipline the cultivation of a hopeful spirit is of special importance. Pessimism as a working principle of life is utterly bad from the point of view of mental stability. Human nature, as a general rule, absolutely needs for its continual mental health the support of a reasonable optimism. I do not wish to talk as though all men had it in their power to be optimistic or pessimistic, just as they liked—that is not so. Those conditions of feelings, to a large extent, come by temperament; but most men also have some choice in that, as in other things of life. The cultivation of a thankful spirit and a reasonable humility, and the determination not to let the pin-pricks of life upset them, would do much to prevent men and women getting on the slide which ultimately leads to the quick descent into unsoundness of mind.

The difference between the grave and the gay, the

cheerful and the gloomy, the hopeful and the desponding, between the thankful and the discontented, the observant and the unheeding, is due in large measure to acquired habits of thought.

With many people it is idleness which leads to mental disorder. They have nothing to distract them from perpetual self-contemplation. While some men have too much work and mind-toil, others have too little, and lead an idle, aimless life, which either tends to bad and solitary habits and perhaps to drink, or fosters a habit of continual self-introspection and perpetual complaint that they are misunderstood. They may be independent, and have no longer need to work for a living; but such persons should be encouraged to take up some pursuit or hobby, to study some branch of science or art. Every such pursuit is an assistance to the neurotic and predisposed individual, and great will be the benefit gained from it. Not only ought the idle to have such occupation, but the busy and hard-worked man should have beyond his everyday task some amusement, pursuit, or hobby to which he can turn as a relief from his daily round of business and find therein food and rest for his mind. Often busy men break down, simply because, apart from their business, they have no thought, no occupation, no mental amusement.

The exercise of the brain in intellectual pursuits keeps that organ, and with it the entire body, young. It is highly instructive to observe the longevity in men of high intelligence. Such instances are furnished chiefly by those callings which require the continued exercise of the intellectual faculties upon comparatively new matter or upon new combinations of familiar data.

For the old man, work or occupation of some kind is a necessity. The peevishness, irritability, and aimlessness of old age would be impossible if the old would remember that mental health depends on the possession of a store of permanent and valuable interests. These interests should be gained earlier in life, so that, when the main work of one's calling must be resigned, the mind may still retain a measure of freshness and vigour and the nervous system a degree of balance and poise.

CHAPTER XII

THE PRIVATE TREATMENT OF INSANE

PSYCHO-THERAPEUTIC AND HYGIENIC MEASURES

If moral education and the teaching of self-control are so important in childhood as a preventative of insanity, it naturally suggests itself to adopt the same method in those who have become insane, who have lost control over their thoughts and feelings, and *re-educate* them. This is the business of the psycho-therapist, and no physician can claim to treat lunacy nowadays who is not an expert in psycho-therapeutics. He may be an admirable custodian, but he gets no insight into the working of the patient's mind, and is unable to exert any influence in repairing the disordered functional activity.

We give the truest help to our patients when we aid them to get their mental activities adjusted on normal lines. In order to do this, we must appreciate the undercurrents in their lives, provide proper food for their normal instincts, and so guard against perversions, relieve tension and anxiety, soothe excitement, allay fear, and train to good and useful habits.

Every psycho-therapeutic procedure, of whatever sort, has in view this definite end: to bring about a readjustment, some sought-for and desirable reorganisation of the individual in respect of his inner and outer experience; to assist him as well as may be in his efforts, hitherto frustrated, toward the consummation of a more harmonious adaptation to his social and physical environment,—in a word, to place at his disposal those principles of modern psychology which, rightly used, will not improbably facilitate and further his psychic re-education.

In order to treat the incipient stage of insanity, an intimate study of the temperament, character, and habits of each patient is necessary, as well as the circumstances of life which have brought out the mental disorder. It is not sufficient to consider the organism only as a physiological machine liable to derangement by subtle toxic matters; it is necessary to study the patient also as an individual in a social organisation.

The way we proceed is by first trying to discover any nutritive, organic, or functional basis for the patient's disorder, and by removal of the cause, as far as possible, we endeavour to put the patient on the best physical basis. Most patients have been worrying so much over their disorder, that if we can find no other physical sign, we may be sure they suffer from an exhaustion of nervous force, which we must remedy before we can hope to exercise any influence by talking to them.

The patient having gained in physical health, has also gained in confidence, and our advice makes more impression. We must now use mental influences to re-educate the patient and to teach him self-control. Needless to say that even with uneducated and poor patients great tact, common sense, and sympathy, besides a thorough insight into his character, are necessary to secure any good results.

In a book on *Hypnotism and Suggestion* which I published two years ago, I described fully the different methods that I found successful in the psychic treatment of the insane; but the title of the book gave many people the impression that the business of psycho-therapy consists, for the most part, in the use of suggestion in *hypnosis*. There is a modicum of truth, of course, in this, but to wholly adopt such an opinion is to take a very narrow view of the subject, for it does but add yet another example to the already long list of means mistaken for ends. Like the artist who uses his pigments and brushes, now after one fashion, now after another, to create different effects upon his canvas, the psycho-therapist, working on a more intangible, though vastly more plastic medium, utilises his diverse methods to work the desired effects upon personality. These effects it should be remembered are, and of necessity

must be, various kinds of psychic re-education, since it must be obvious that no physician hypnotises for the mere sake of hypnotising, nor does he suggest or persuade for the mere sake of suggesting or persuading.

The moral or psychic treatment of mental disorders comprises the whole range of methods and devices that can affect the patient's condition otherwise than through the ordinary medicinal and mechanical means employed.

Every case is a study by itself, and the measures taken should be adapted to its special needs. No one has better reason to make a study of character than the physician in charge of the insane, and his conduct toward them will be modified, advantageously or otherwise, according to his skill in estimating human nature and individual peculiarities as they appear in persons suffering from diseases of the mind. If it is possible, as it generally is, to treat the patient as a sick man, realising his own conditions and wishing to co-operate in the measures taken for his relief, it is best to do so ; the more nearly we can treat him as a rational being, the better, as a rule, we succeed with him.

Re-education is the *summum bonum* of psycho-therapy of the early stages of insanity, especially borderland cases. If it is true that physical ills require physical remedies, ethical and spiritual ills require corresponding remedies. The kinds of re-education required by individual patients will differ widely. Whereas the simple explanation of the true meaning of a troublesome symptom or group of symptoms will be amply sufficient for one, for another it may be necessary to set about what practically amounts to a complete mental and moral readjustment. Hypnosis, suggestion, psycho-analysis, may all be necessary to our purpose. This it is that often makes psycho-therapy take up so much time. But in reality nothing less will suffice if the work is to be thoroughly done.

The more closely we study nervous people, the more attentively we seek to penetrate beneath the mask of convention that conceals them, the more surely we are impelled to the conclusion that, in very large part, the acute suffering as well as the chronic misery which goes by the name of nervousness is ultimately traceable to faulty education, taking education in its broadest and

truest sense. And if bad education, whose outward manifestation is many times called nervous disease, has led to contradictions and frustrations in thought, in conduct, and in feeling, right education may at least help to restore some measure of harmony. To remove the present conflict, but also what is of equal—indeed, of greater—importance, to prevent the occurrence of future conflicts, is the business of psycho-therapy.

To acquaint ourselves with the mind and character of the patient is our preliminary duty. The best method is undoubtedly to encourage the patient to tell his story in his own way, with just so much of direction from the physician as will prevent the introduction of too many irrelevancies and trivialities in detail. In this way one gets hold of the raw material upon which psycho-therapy has to operate, and at the same time receives some valuable sidelights upon the relative emphasis that things have assumed in the patient's mind. Furthermore, the sympathetic attention which the physician lends to this initial confession is sure to be rewarded in the future with confidences more intimate and important.

A very limited experience will suffice to impress upon the psycho-therapist that he has in the main to deal with two separate sets of phenomena ; firstly, the symptoms in so far as they are directly present to the patient's consciousness ; and secondly, the interpretation which the patient inevitably places upon these symptoms.

Fear, and its offspring—introspection—are the evil genii of nervous people. It is not the loss of memory in itself, but the approaching insanity which they believe it to announce, of which they are afraid. Whatever the nature of the happening, something has gone amiss. Perhaps our patient belongs to the poor. If so, his nervous state may have been induced by the fierce struggle for mere existence and the everlasting labour to earn sufficient bread to feed himself, his wife, and his children ; or his habits may not have been of the best, and he is now reaping the harvest whose seeds were sown many years ago. In the higher social levels we meet with the anxieties, disappointments, and sorrows that follow upon ambitions frustrated, ideals shattered, hopes and

wishes that have come to naught. In every walk of life are the disasters that accompany the relations of the sexes. But whatever the nature of the difficulty may be, whether the outcome of emotional shock, of selfishness, indolence, over-activity, misfortune, or fault, the result in its final analysis is much the same—depression and weariness of spirit.

It will do little good to tell this type of patient that he should not worry; he knows as much himself, and if he does not, his relatives or his friends have told him so, long before he has reached the physician. They have also told him, in a spirit of genuine sympathy, that he should cease to think so much about himself, or that he ought to take a rest, or become interested in some hobby or out-of-door sports. Perhaps they have even lent him books, which he has read with hopeful diligence, about the value of optimism and cheerfulness and self-control, with the well-meaning hints as to the best methods of cultivating these estimable qualities. But in the end it all comes to nothing, and why? Because it is merely touching the fringe of the problem.

It has been said that it is useless to attempt to convince a lunatic that his erroneous notions are not true. This is correct when serious structural lesions exist in the brain. The false intellectual conception is then a fixed result of the altered brain-tissue, and is just as direct a consequence of cerebral action as is a natural thought from a healthy brain. Delusions are symptoms due to brain disease, and depend upon and disappear with that disease; therefore discussion and argument are without avail, and only serve to irritate the patient. It is best to let him talk while we listen, and then change the conversation. It is better to remain passive before them, to simply ignore them, to lead the conversation to another subject, and avoid everything that might recall them to the patient. The patient should be isolated as much as possible with his own delusions. It would be an error to fall in with the delusion and thus strengthen it.

Still, we know that in health it is sometimes possible by argument to counteract the most firmly rooted ideas; it is, perhaps, yet easier to do this by the

aid of certain of the pleasurable emotions. And there appears to be no reason why the like result may not occasionally be produced by arguments addressed to a person in the early stages of insanity, and by bringing into action those feelings which spring from kindness. We know, in fact, that this end is at times accomplished, and that, by never for one instant admitting the truth of an insane delusion, and at suitable times—not obtrusively, but when occasion offers—urging such arguments against it as would be convincing to persons of sound minds, the patient comes at last to see the falsity of his ideas, and to laugh at them himself. Little by little he loses faith in his perverted reason, and though he may take up another delusion, the last is held with much less tenacity than the first.

The patient may have been sent travelling to get rid of him for a time, or to avoid certification, or as a remedial measure in the hope that it may do him good; but on board of a ship the circumstances are not such as we should prima facie expect to be very beneficial to a case of incipient insanity, especially to a case of mental depression, and it is for such cases that this course is usually advised. Life on board ship is in itself—by its monotony and want of interest—depressing to many travellers, and it is rarely that a ship's doctor has had any more experience of insanity than other general practitioners. We see frequent evidences of the non-success of this mode of treatment in the newspaper paragraphs, which chronicle the accidents of persons when taking sea voyages for their health.

Discouraged, weary, pessimistic, the patient comes to the psycho-therapist asking, though he does not know it, for a practicable philosophy of life. His own has broken down, or else he never had anything worth the name, and never really felt the need of it until the present crisis brought him to the realisation that such a thing is indispensable.

Psycho-therapeutics is the most effective weapon at our disposal, provided, as already pointed out, that the exhaustion and general debility, which are generally associated with mental affections, as well as their bodily ailments, are duly recognised and attended to. Mental

hygiene presupposes hygienic bodily conditions—a sound mind in a sound body. The preliminary step then in mental hygiene is to secure, later to maintain, physical health. The contrasting states of mind, optimism and pessimism, are largely the result of bodily conditions. Fatigue can cause sadness, ideas of negation, and of persecution. Take, for instance, that common form of insanity, melancholia, our first object must be to put the patient in a fit physical state, and then we can break up the monopoly of grief and fear which have obtained possession of his mind. It is wonderful how sometimes a single impression made upon the mind by means of suggestion, a single hopeful idea introduced into it, may suddenly change the whole current of feeling and divert it from a morbid into a healthy channel. If we can once fix the attention upon any belief or idea of happiness which is capable of attainment, we have made much way towards recovery. If we can inspire by our assurance any uncertain glimmering hope of restoration, we have ministered powerfully to composure and serenity of mind.

Thus it is that the words and bearing of a physician are sometimes more consoling and healing than the medicines which he prescribes. If, however, confidence cannot be communicated, attention can at least be diverted. Novel impressions may be made to attract it.

Many borderland cases can be treated in this manner. Hundreds of people with hallucinations and delusions are uncertified and lead fairly natural lives. They are classified as eccentrics, and can often conceal their mental defects from the unskilled. As long as their actions, the outcome of these delusions, are not of such a nature as to be a source of danger to themselves or others, the State does not interfere with them. For the borderland delusional case, corrections of bad habits, employment, change of mode of life, scene, and surroundings are the desiderata.

Special suggestions may be made either in the waking state, simple psycho-therapeutics, or in suitable cases in light sleep—*i.e.* hypnotism. Deep sleep is not necessary, nor desirable, but simply a passive subjective condition. We can thereby produce rest to over-active parts of the brain, and can strengthen the volitional

control which the patient exercises over his thoughts and feelings. Hypnotism thus applied by trained medical men is free from danger, sensationalism, and quackery, and is quite different from the notions many people have of it. Some physicians fail in trying to use this treatment, either because they are not trained for it, or they cannot judge the suitability and suggestibility of the patient for it, or give the proper suggestions in the right manner. Others again, when using psycho-therapy, ignore the physical needs of the organism, which should be first attended to.

Hypnotism in the treatment of the insane has not had a fair trial yet. In my opinion, hypnotism judiciously employed in the early stages of insanity will effect a cure in many cases. It is best employed on such patients as are aware that they are sick, and who lend themselves to it of their own will.

Hypnotism is a mysterious power of which we still know very little. To show what miracles can be performed by it, I quote herewith only one experience, to the accuracy of which both the local medical attendant, the patient herself, and her relatives have testified. An account of it was published in *The Medical Press*, January 3, 1912.

"The patient, a girl, twenty-two years old, was sent to me on November 13 by her medical attendant. According to the history furnished by him, the girl has had chorea, with heart complications (endocarditis), since she was ten years of age. At fifteen years of age she had acute rheumatism, and was in bed for some weeks. At nineteen she had an attack of appendicitis which recurred, until in May last year the appendix was removed. The year previously, May 1910, she took to the use of a bath-chair, apparently owing to an inability to walk without having pains and getting prostrated. The patient suffered besides from insomnia owing to night terrors, her screams rousing the people in adjoining rooms. Mentally, she was in a very depressed condition and talked little, nor would she smile. She was still using the bath-chair when she was brought to me. Her personal appearance was that of an invalid in a very

feeble state, her body almost rolled up and her head turned to the right shoulder, as if suffering from torticollis.

"On her first visit I merely tested the suggestibility of the patient, and reported to her doctor that I had no doubt that I should be able to cure her. On her next visit, November 16, I attempted to hypnotise her, and was partially successful, and considerable improvement followed. On November 24 she came again, and this time fell under my influence within a few minutes. She did not actually fall asleep, but she could not open her eyes, and was unable to move her limbs. I suggested that all the muscles would resume their normal position, that she would be free from pain, sleep well at night undisturbed by dreams and visions, and would be cheerful and talk freely. On rousing the patient, her outward appearance had completely changed. She held herself erect, seemed happy and well. What happened afterwards is best told by quoting her sister's letter to me, dated November 29:

"'After leaving your house on Friday we walked along Oxford Street, through the lower departments of Selfridge's, on to Marble Arch, and across the Park to St. George's Hospital, where we took an omnibus for home; that, for a girl who has scarcely walked a yard and has been wheeled about in a bath-chair since two years ago last May, is little less than a miracle. She is sleeping splendidly and naturally. All her terrible night fears have ceased to trouble her—and us, as her screams used to rouse us all at times. Her new cheery outlook on things in general would be almost laughable, if we were not so intensely thankful. It seems almost impossible—a fortnight ago an apparently incurable invalid, again and again unconscious in her bath-chair in the streets, and now to-day, and every day since your treatment began, a normal, cheerful girl who is able to move about and speak, and whom it is a pleasure to be with.'

"On December 1 the patient called again, perfectly well, but she drew my attention to the fact that she had been suffering all along from constipation and amenorrhœa, and inquired whether I could cure also these complaints by the same method. When she was hypno-

tised, I suggested to the patient that on being roused her bowels would act, and after that every morning regularly, and that she should have her period within twenty-four hours. The patient had a good motion directly she was awakened, and as regards subsequent events, I can quote her sister's words, as per letter of December 3 :

" ' You scarcely need telling, I suppose, that once more your suggestions have taken wonderful effect in the case of my sister. Her bowels have acted naturally yesterday morning and this morning, and her period arrived yesterday afternoon at 2.20. I cease to wonder at anything now ! Her sleep, speech, cheerfulness, erect carriage, proper method of breathing, interest in life—all restored ; freedom given from pains everywhere, dread of being again ill taken away, and now action of the bowels and period produced.' "

The patient has kept well, up to date.

By the application of psycho-therapeutics I have seen hallucinations and delusions disappear, and suicidal tendencies given up ; I have treated maniacal and melancholic states successfully, as well as kleptomania, religious mania, alcoholic mania, and morphia mania, delusions of persecution, hysterical psychoses, perverse sexual habits, doubting and querulous mania, and other symptoms of a deranged mind. The cases of cure have been fully described in my book on *Hypnotism and Suggestion.*

Hypnotism may be used to overcome the morbid resistance of patients. Patients often refuse to do what is necessary for their welfare, but by hypnotising them they can be made to do what is desired. In cases of excitement and violence, instead of mechanical, physical, or chemical restraint, hypnotism may be used as a form of mental restraint.

Hypnotism will succeed in intractable cases of insomnia where drugs have not succeeded well. Hypnotic sleep, being more closely allied to healthy sleep than is drugged sleep, must be of great service where the brain nutrition was already bad, without the additional depression of sedative drugs. It will be of direct therapeutic value in preventing an outbreak of excitement

from passing into mania in a brain which is in a highly unstable condition. An impulsive outbreak in an epileptic, an hysterical emotional attack, or a fit of excitement in a recurrent or adolescent case, might all pass into mania; but if the patient were quieted and sent to sleep for a few hours, this danger might be averted.

The failure of sleep is a symptom of the highest importance. By remedying this, more can be done towards warding off, and for the treatment of insanity, than by any other measure. Again and again it happens that prolonged sleep will dissipate the fears and suspicions, allay the excitement and irritability, and bring the sufferer back to his sane mind.

The insane are usually not devoid of all reason. Many of them have a good deal of their logic and commonsense preserved, which can be utilised by the operator. At a suitable opportunity we may succeed in hypnotising them and get the morbid mental activity to rest. If we can do no better, we can send them into a sound refreshing sleep for such length of time as is deemed beneficial. It is strange that this necessity of brain-rest has hitherto received little or no attention. The physician knows well that in kidney disease he must rest the kidneys, and allow their functions to be performed by other parts of the body; he knows that a diseased stomach must receive no food—at least, no solid food; but a mental patient may indulge in his morbid thoughts as much as he pleases, and as a consequence they become more and more fixed.

The poor results in the treatment of insanity by hypnotism achieved by some authorities I hold to be due to the fact that they have not selected proper cases and, generally speaking, not under conditions essential to success. Thus, frequently sufficient time is not given to the attempted induction of hypnosis; the experiment is not repeated often enough, and, after hypnosis is obtained, prolonged sleep is rarely employed. It is admitted, of course, that the insane are much more difficult to hypnotise than the sane. Melancholics become hypnotised with difficulty, but cases of simple mania with greater facility, and very fair success can be obtained among the more sensible and reasonable patients if

their consent and confidence are gained. The introduction of hypnotism does not overturn the established modes of treatment, but it is an additional useful therapeutic agent. Every physician should have a scientific understanding of the effects of mental suggestion, which throughout all ages has been, and is still used, empirically and unconsciously.

The fundamental necessity in all mental therapy at the *height* of the disease is to place the patient in the greatest possible mental quietude. All injurious mental influences must be removed. Efforts to distract, amuse, or teach at this stage can do only harm. The melancholic requires peace, because painful impressions are excited by all psychic activity, even those that are in themselves normally pleasant. The maniac requires quietude because his cerebral excitement is otherwise intensified. Exhausted patients require repose because every mental impression exhausts them still further.

In the period when the disease changes for better, psycho-therapy has again an active part to play. The art of the alienist is here displayed in the understanding of the individuality of the patient leading up to the restoration of the normal mental personality, or at least to save all that is possible out of the mental wreck.

With many patients, at the turning point of their disease, positive interference is necessary in order to free them from the habits into which they have been forced by their mental disease. It is here where mental training comes in.

Occupation of some kind must be insisted upon, and the work done should be real. Occupation diverts the brain from its pathological activities, and concentrates the attention on the work in hand. Every mental patient should be made, as far as possible, to occupy his mind in some practical manner. Nothing is more injurious than allowing him to indulge in his exalted or gloomy thoughts uninterruptedly, as he does when left to himself. Occupation used for the purpose of benefiting a patient should gradually and unsuspectingly arouse his interest along lines away from himself. This is essential, and it is equally necessary that such occupations should be of a character to attract the attention

of the patient. No occupation should be of too laborious a character, but a degree of physical exertion is wonderfully helpful.

Rest in bed has a calming effect in acute mania. There is no doubt that by its suggestion of rest and invalidity, and by its physiological effects on the nervous system and blood-pressure, it has a distinctly calming influence on acute excitement.

In states of excitement, the **prolonged bath** at the temperature of the body is also a most useful calmative, and it has none of the objections alleged against sedative drugs. It is a mistake to suppose that it is dangerous or has a debilitating effect, as it tends to raise the blood-pressure, and in imagining these evils, as some do, they are confounding it with a hot bath, which is relaxing and distinctly dangerous if prolonged.

A large part of the excitement witnessed in former days was mainly a reaction to the harsh and irritating treatment the patients then received. The better treatment of the insane nowadays has made the cases of acute mania of a milder type.

With proper treatment violence can be avoided, and in the newly established clinics on the Continent "padded rooms" no longer exist. The disadvantages of such isolation, of which one need only mention the uncleanliness, destructiveness and violence, are obvious. Indeed, I fail to see how any asylum can make any claim to call itself a hospital for treatment of mental diseases if it confines its troublesome patients in a padded room. By this means the patient is certainly shut off from the ward, but we no longer know what his real condition is, though we listen to his cries or look at him through a peep-hole. One can no longer speak of the true "nursing" of a patient. I have had patients in my care who, in the opinion of medical superintendents and lunacy commissioners, were considered as most violent and highly dangerous; but I was able to manage them by simple means. No doubt precautions are necessary, but what can be accomplished in private care should be easier still in asylums. In any case padded rooms can have no remedial property, and serve only the purpose of getting rid of troublesome patients.

In the front rank of those therapeutic measures that are capable of acting indirectly on the patient's mind must be also placed **electricity** in its various modes of application. There is no doubt that good results have sometimes been obtained from static electricity (baths, douches, frictions, etc.) or from the constant current or faradisation ; on some occasions the general condition of the patient has been sensibly improved, on others some conspicuous symptom has disappeared.

Isolation, withdrawal from the surroundings in which his neuropathic state developed, residence in the country, or in a special establishment, hydrotherapy, electricity —all these therapeutic agents not only influence the somatic state of the patient, but in very dissimilar ways they also act beneficially on his mental state. It may even be affirmed that it is to this moral action that they owe a great part of their curative power.

Amusements, especially those which can be taken in the open air, are almost always of service, and a proper system of *rewards* and *punishments* for good and bad conduct is understood by all but the most furious maniacs. Kindness and forbearance, supported by firmness, will not altogether fail in their influence with even the most confirmed and degraded lunatics. Probably the most difficult class of patients to manage by moral means is that of the reasoning maniacs, and next to them those cases of hysterical mania which exhibit marked perversities of character and disposition. But even with such people the principles of justice and fair dealing will not be lost, and eventually an impression will probably be made on subjects incapable of being touched by other measures.

Environment has more to do with one's well-being than we are wont to realise. There is a marked difference in persons in this respect, but all of us are influenced by the rooms in which we live—their heterogeneous arrangement, the colours that predominate, that harmonise or clash with one another, the noise or quiet that prevails, the purity or impurity of the air, and the sympathy or antagonism of the mental atmosphere. We all act and react upon one another, and it is true of every one, even of the most self-contained or the most callous, that we

do our best work in what we feel to be a sympathetic environment. Persons with an exaggerated sensibility are, of course, much more readily affected by their surroundings than are others, and all nervous and mental invalids come under this head. Many of them require to be taken out of themselves, to be drawn into taking an interest in the objective rather than in their own subjective feelings, and they find unusual pleasure in suitable social surroundings.

It is the false idea that all lunatics are raving maniacs that has kept the nursing of the insane at a low level. In order to control the patients, only coarser and grosser kinds of men could be found to undertake the work. With the era of humanitarian conception of treating madness there arose a totally new aspect. Now there are eight or nine thousand trained nurses in our asylums. Most mental doctors are agreed that upon the nurse, even more than upon themselves, devolves the responsibility of the patient's ultimate recovery; he or she is continually with the patient, has opportunities for gentle, persistent influence, and it is evident that for this work the very best type of nurse is needed. Nurses and patients react upon one another to a surprising degree and in numberless ways. Quiet, calm, systematic and well-controlled conduct on the part of the nurses is conducive to the same traits in the patients.

It is not always easy to obtain good attendants for the insane at home. Even trained nurses have not always all the qualifications required for the proper care of the insane. Besides the mere nursing, the precautions in regard to possible attacks of violence, insane impulses towards suicide, etc., must be impressed. Nurses should be selected, if possible, for their kindly and patient disposition, together with a certain power of control of others that can be exercised if needed. When proper attendance can be secured, insane patients can be cared for outside an institution. Medical control, however, is essential. An insane individual is always to some extent uncertain as to his conduct, and in many cases explosions of active insanity are liable to occur. In other cases their habits and tendencies are such as to make it necessary that some special supervision is given.

Some persons have an inborn adaptability by which they readily obtain an influence over all with whom they come in contact. Others, with the best intentions in the world, never succeed in ingratiating themselves with those about them. Patience and tact are probably, in such cases, as indispensable qualities as can be possessed. Without them, all the knowledge that can be acquired in a lifetime will be of but little avail.

CHAPTER XIII

SURGICAL TREATMENT OF SOME FORMS OF INSANITY

It would be ludicrous to assume that every case of insanity can be treated by psycho-therapeutic, hygienic, or medical measures. In the opinion of a good many modern specialists of that disease, insanity is in a great number of cases of toxic origin, and will be cured when we have discovered the necessary anti-toxins. That is a field of investigation for the pathological laboratory, and since we are only at the commencement of the inquiry, it is outside the scope of this book to do more than mention it.

There are other causes of insanity, however, of which we have had considerable experience, which also cannot be treated by such moral measures as we have described, but in reference to which surgical treatment must be considered. They are all the cases of insanity in which there is some physical irritation to the brain, due to depressed bone and splinters from the inner table of the skull in consequence of injury, osteophytes, thickened bone from circumscribed inflammation or adhesion of membranes from the same cause, localised hæmorrhage, foreign bodies within the cranium (bullets), tumours, etc.

Of course the most frequent lesion which has determined the operation has been depressed bone, and the other lesions are mainly subsidiary to this, though also found in cases where no depression in the bone could be felt, where perhaps only a cicatrix or some evidence of old contusion existed. It is important to give full value to these lesions or secondary affections of the inner table, of which no external evidence can be got. They can at best be only suspected, but their compara-

tive frequency has been abundantly proved. Splintering of the inner table without manifest damage to the outer has long been recognised as a fact. Head injuries often cause concussion and bruising of the brain, giving rise, if not to severe hæmorrhage, to minute multiple extravasations which damage the brain.

Altogether there are a considerable number of cases in which a constant irritant causes mental symptoms, and sometimes leads to definite forms of insanity. In my book on *The Mental Symptoms of Brain Disease* I published a collection of such cases, some of which have been treated surgically and recovered completely. Amongst those who were cured in this remarkable manner were thirty cases of melancholia, thirty cases of mania and homicidal insanity, several cases of delusional insanity, as well as cases of hypomania, moral insanity, general paralysis of insane, and even dementia.

Just one example may be quoted of one of my own cases, published in the *Lancet*, 1907 :

" Patient, aged 39, a doctor of medicine, previously quite healthy, fell from his cycle onto his head. He did not think that he had received any marked injury, and did not believe there was any connection between his subsequent illness and the accident. There certainly were no external signs, but soon after the accident he began to suffer from headache so severely that he could not go on with his work. He got depressed, anxious without sufficient cause, accused himself of all sorts of evil deeds without foundation, and made some attempts on his life, so that he had to have a companion to watch him. He consulted various specialists, who advised change of scene ; but travelling did him no good. The depression and headache increased, and he also suffered temporarily from word-blindness. He consulted the author six years after the accident, and was then melancholic, emotional, readily weeping, and very suicidal. The right side of the head pained him much, and there was a burning sensation just behind the right parietal eminence. Operation was proposed, which Mr. William Turner, M.S., F.R.C.S., carried out. Only when the head was shaved a scar became visible, which extended

from the situation of the angular convolution just behind the parietal eminence vertically downwards for about two inches. A semi-circular flap was made extending from the ear to the occipital protuberance, and the scar, which was adherent to the bone, was detached. Two trephine openings, one 1 inch and the other $\frac{11}{16}$ inch in diameter, were made and connected with one another. The bone over the angular convolution was thickened and ivory-like, without any evidence of diploë, and the dura mater was attached to the bone. The brain bulged into the opening made but did not pulsate, notwithstanding a strong pulse at the time. On incision of the dura a stream of clear fluid escaped. The membrane was found thickened, but the brain appeared quite normal. Dura, periosteum, and flap were each closed with stitches, only a small opening being left for drainage for some days. Patient was at once free from pain, and of cheerful normal disposition, and has remained so ever since."

Apparently there is no limit to the time that may elapse when surgical treatment may still be successful, for amongst the cases published by me—

Two	were cured	3	years	after the accident;
Five	,, ,,	4	,,	,,
One	was ,,	6	,,	,,
Three	were ,,	8	,,	,,
Two	,, ,,	11	,,	,,
Two	,, ,,	16	,,	,,
One	was ,,	25	,,	,,
One	,, ,,	31	,,	,,

While it must be admitted that the cases in which surgical interference has been resorted to are still very small in number, we may be sure that as our knowledge of the localisation of mental functions in the brain becomes more definite, operative treatment will become as common in the case of brain disease as it is already in disease of other parts of the body.

Sometimes the brain is injured not at the point struck, but the damage is done at a point opposite to it, where

the brain rebounds. Frequently there are local symptoms which assist us in the discovery of the seat of the disease and confirm us in our localisation, such as headache limited to a particular region, pain on deep pressure, or one of the recognised sensory centres may be affected, or else one of the well-known motor centres in the brain, the location of which may support our deduction. It is not always easy to locate the centre first attacked if there is no outward sign of injury, especially by those not conversant with psychological analysis, hence few operations have yet taken place for the relief of symptoms. But there can be no doubt that many cases are left uncured because we have not the courage to attack them surgically. The surgeon has already usurped much of the territory of the physician. It seems time that he took in hand some of the problems of insanity. For if localised injury is always accompanied by the same symptoms, which disappear after the operation of trephining, we may be sure that when such symptoms arise without the history of an accident, the same area is diseased through other causes, and we may expect the same relief after operation. Nowadays there is little danger in operative measures, and they can be quickly performed. Unfortunately the well-known anxiety on the part of the patient's friends to assign the utmost importance to an old injury causes their evidence in that direction to be held in light esteem, hence few medical psychologists have thought of the possibility of a surgical cure. It appears strange that the connection was not recognised, as, however greatly the estimates of the value of head injury as a cause may differ, a certain number of cases continually occur in which the mental deterioration follows a severe injury so directly and so evidently as not to admit of a doubt of their true connection.

The physician who is not acquainted with an analysis of the intellect and feelings of man does not know what to inquire and look for. Hence it happens that a number of cases of injury have been recorded, in which large areas of the brain have been destroyed without any apparent loss of function. The mental powers—it is reported—did not appear weakened. In my opinion, the men who record such cases only exhibit their own

ignorance and want of observation. So long as the patient can answer ordinary questions about his food, number of his family, his location at the time, and attends to his bodily wants with some care, he is considered not to have lost any mental power ; but to test for mental deficiencies, a knowledge of the primary mental powers is absolutely necessary. Fifty years ago there was a doubt as to the possibility of localisation, but to-day it is an accepted doctrine that there is a plurality of centres in the brain with definite functions. There can be no doubt that injury or disease of a circumscribed portion of the brain can cause derangement of the mental power which is located there. True, the whole brain may in course of time become disorganised, when the patient will be completely demented; but still the disease takes a start in some particular locality, which should be diagnosed by the physician conversant with the localisation of mental functions in the brain.

By some, only intellectual defects and not changes of character are considered as affections of the brain, and this accounts for the statement that injuries of the brain may be sustained without being accompanied by any mental symptom. Surely the assumed integrity of the mental faculties in cases where the brain is injured or diseased rests on no foundation save ignorance or lack of attention on the part of the observer. If it were not so, of what good is the brain ?

There are cases on record in which the memory of names, places, objects, numbers, dates, events, faces, became lost and a circumscribed lesion was discovered post mortem. How often does a clinical clerk inquire for such details ? Other cases there are on record, very numerous indeed, of lesions of the brain, which produced very marked emotional changes, from previous cheerfulness to melancholy, from gentle peacefulness to irascibility, from love of family to hatred of wife and child. Again might it be asked, where is the clinical clerk who would notice such changes, and in case he did not notice them, would suspect and look for a lesion in the brain ?

He might believe that the patient was able to manifest all his faculties unimpaired, seeing that by the word faculties he meant solely the intellectual powers. Does

not the melancholic reason clearly, and the patient with a systematised delusion judge correctly, if we only grant his premises? When a man whose character has been of a pacific tone, becomes, after having received a blow on the head, quarrelsome; and another whose previous inclination has been honest, after a similar injury experiences an irresistible impulse to steal; or a man previously of gay bent, after a brain-lesion becomes depressed; or again, a fond mother, after a localised meningitis subsequent to ear-disease becomes suspicious of her own children,—can we say of these individuals, who certainly retained their consciousness, memory, judgment, etc., that their wounds had exercised no influence upon the manifestation of their mental faculties? Of course, not every case of insanity requires a surgical operation for its cure. Only those with focal lesions can be operated upon. Each case should be studied on its individual merit. But there are certain cases in which the mental change affects one or more definite mental powers, whose localisation in the brain is known to us, and when the mischief in the brain is sufficiently severe to lead us to suspect pathological conditions in the brain, or tissues covering it, and that in a circumscribed part only, then a surgical operation may become advisable. However old-standing the disease, a careful investigation of the history of the case may lead to the discovery of the focus of the primary lesion.

Roughly speaking, we can already distinguish between affections of the *anterior* and *posterior* half of the brain. When the lesion is limited to the anterior half, the patient is generally sanguine and cheerful, he often is witty, and feels in excellent health; while in lesions of the posterior half of the head there is usually a sense of depression, and the only way the intellectual processes suffer is that they are retarded.

When the *frontal lobes* are irritated by injury and a condition of hypomania is produced, there is increased activity of the mental processes of perception, association, and reproduction. The patient forms numerous plans and projects, has a rapid flow of ideas, and through the stimulation of the speech-centre is loquacious.

His talk, at all events in the early stage of disorder, is perfectly coherent. The other lobes of the brain being unaffected and deprived of the control of the intellect, manifestations of the natural feelings and animal spirits occur. There is a peculiar hilarity and tendency to jest, and there may be actual exaltation.

When there is destruction of the grey matter of the frontal lobes, the processes of judgment and reason diminish, there is an inability to fix the attention, to follow a continuous train of thought, or to conduct intellectual processes, ultimately ending in complete dementia. We find, moreover, that in such men the struggle between the lower instincts and ethical feelings is diminished, or does not exist any longer, and instead of a rational man we see a creature given over entirely to the satisfaction of his lower desires. Such is the case in all forms of lesions of the frontal lobes, and it does not occur in lesions of other parts of the brain.

I have shown in my books that *disease of the internal ear* often spreads to the brain and gives rise to irascible insanity and frequently to delusions of persecution. When the ear disease has been treated, the insanity gives way also. There are no cases more common than those in which a mental quality is developed to a degree never manifested in health in consequence of a wound. Thus I have quoted cases of blows on the temple which have caused kleptomania ; blows on the parietal eminence followed by excessive fear leading to melancholia ; on the vortex of the head followed by religious insanity, and so on. And when the source of irritation was removed, the excited mental power was reduced to normal activity.

A good many operations have been undertaken for *microcephalic idiocy*. It was thought that possibly premature ossification of the skull prevented the growth of the brain, and if a slip of bone were removed, the brain would have room to grow. But this is not so, for if the brain wants to grow, the skull grows with it. A microcephalic brain is not a more or less normal brain of very small size, the idiocy resulting from the smallness of the parts present, but is always an abnormal and undeveloped and, in a great many instances, a diseased brain. Large

areas of it may never be developed, and the cells that are present are small and comparatively few in number. If a strip of bone be removed from the skull, new normal cells will not be produced ; parts that are entirely absent cannot be created, and powers that do not exist cannot be called into being. The reported improvement after this operation is not due to the surgical procedure. Many cases have been reported at too early a date, and the improvement has not continued. When it has done so, it has been due to proper instruction and care and not to the operation.

Although cerebral hæmorrhages, due to congestion from delayed birth, may account for many of the intracranial lesions, which are themselves accountable for the subsequent arrest of mental growth, yet a definite proportion are probably due to mechanical injuries directly acting through the cranium. But idiocy and minor forms of imbecility and moral insanity have been asserted undoubtedly to follow the use of instruments at birth. The mark of the forceps may be borne physically through life, as shown by permanently distorted heads ; and the depressions in the parietal bones occasionally seen may eventually be shown to come within the classification of local lesions, within the reach of surgical interference and relief.

The success which has already been won by trephining cannot but act as a stimulus to the undertaking of surgical operations, which hitherto have been to a certain extent exploratory, but which, owing to the continually accumulating mass of clinical and pathological evidence, will be placed on a sounder basis, and will be approached with less hesitation. Surgical treatment will be resorted to in the future all the more readily, for in most cases it is cranial rather than cerebral operation that is needed for the relief of insanity, at all events, when caused by injury. It is essential that some localising indication of a lesion should exist which can readily be reached to justify surgical interference.

Possibly, in doubtful cases of tumour or hæmorrhage, puncture of the brain may be undertaken as performed by several German surgeons. We certainly gather from their observations that in suitable cases excellent results

may be obtained both from the diagnostic and the therapeutic point of view.

Recent surgery has proved how tolerant the brain is of interference, and it may be fairly prognosticated that with a better knowledge of circumscribed lesions the application of direct interference will be of service at present beyond our dreams.

If in a case of insanity there is a history of head injury, and the site of the injury is indicated by a scar, a depression of bone, local tenderness, fixed headache, or mental agitation, or hallucination, or muscular twitchings, can be excited by pressure on the spot, or there are other localising symptoms, motor, sensory, or mental, such as I have described fully in my book on the *Mental Symptoms of Brain Disease*, operation is not only justified, but demanded. But even in cases where there is a suspected focal lesion, not necessarily due to head injury, but to localised disease, an exploratory cranial operation may be undertaken, provided we have definite localising symptoms.

The focal lesion is in one of the centres from which radiate influences that affect other parts of the brain. The important thing is, if possible, to locate the part of the brain which is primarily affected, and then to discuss the probability of relief by operation directly over that region.

CHAPTER XIV

THE TREATMENT OF THE INSANE IN PRIVATE CARE, RECEPTION HOUSES, AND OBSERVATION CLINICS

WHAT every case of insanity demands as the primary condition for recovery is, separate and individual treatment and consideration. As we have already explained in the Introduction, this is out of the question in an asylum, and the Lunacy Laws are such as to make it extremely difficult to treat a patient outside the asylum. The difficulty arises from the fact that the Lunacy Laws were originally framed to prevent those who are not insane being treated as if they were ; to prevent those of sound mind being deprived of personal liberty in an asylum, or elsewhere ; and to ensure proper protection for those who are insane, so that they can do no harm and that no harm comes to them. To secure these objects it is decreed that all persons of unsound mind shall be deprived of liberty and certified as " insane," in order to come under the control of the Commissioners in Lunacy. The regulations were made extra severe because of a few cases of wrongful confinement of sane people, and a few cases of ill-treatment of insane persons, by relations.

Yet any insane person may continue uncertified in his own house, and any relative may take him without payment. But the moment money is received, be it by a relative or stranger, there must be the same certification, the same branding as insane, the same visiting, the same control, the same restrictions of movement, as if the patient were in an asylum. The conditions are identical for the most quiet and harmless patients as for the most troublesome lunatic.

It has been widely recognised as an undoubted hard-

ship that the patient who is at the commencement of his illness should forthwith be certified as a lunatic. The consequences to the individual's career are often disastrous as a direct result of this procedure, and a stigma forthwith attaches to him which may render him unemployable in his occupation. It is to this unfortunate state of things that we must, to a large extent, attribute the too frequent postponement of treatment, so important in an early stage, to the day when the patient is hopelessly ill and his chances of recovery are enormously reduced. Relatives often hide the patient away rather than have him certified, and surely this cannot be good for the patient !

On account too of the almost ridiculous care with which the law safeguards personal liberty, and partly also because of the reluctance on the part of the patients and their relatives to admit insanity and have it published abroad, the treatment in the early stages, which would give the greatest prospect of recovery, is rendered extremely difficult. On the other hand, it is true that the public during many years has become so thoroughly imbued with the idea that all cases of insanity are, at any rate potentially, dangerous, that there is a prevailing conviction that the asylum, and the asylum only, furnishes the sole means of the treatment and disposal of lunatics. Mental disease has excited such terror, repulsion, and prejudice in the human mind through the cruelties formerly perpetrated on the insane, and also through the exaggerated description of the " madman " in literature, that the man who is sent to an asylum has his prospects and reputation damaged for life.

The old notion was, and a few specialists hold it still, that the best means to promote the recovery of a patient who is suffering from any sort of mental derangement is to send him to an asylum, and that, so long as he is insane, there is no better place for him. This opinion has been urged so persistently, and held so long, that it has become a habit of thought, which is deemed by some to have the authority of a law of nature. Opinion has now, however, changed so much that the question which first occurs to the mind is whether it is possible to treat the patient out of an asylum. Some authorities

on mental diseases still insist that ready admission into asylums gives better chances of recovery, but this is only true in certain cases. All that can be really hoped for is that the good care taken of patients may shorten the illness. The asylum cannot cure patients who would not recover outside just as well, nor can the recovery, if it was to be expected from the outset, be accelerated more than can be done in different surroundings. The recovery-rate is no better to-day, amongst more hygienic surroundings and increased care and comfort, than it was in the days when strait-jackets and rough treatment were used in badly furnished asylums. Some critics even assert that many a case, curable in its nature, has become chronic by being placed amongst lunatics.

Certainly I have been instrumental in getting even for very bad cases "leave of absence," and achieved such improvement in the short time granted to the patients, that the Lunacy Commissioners permitted their permanent transfer to private care. In cases where the patient was considered too dangerous to be allowed such leave of absence, I got the relatives to petition for a "transfer" to another asylum, and invariably with excellent results, although the patients suffered from long-standing insanity. It is evident that the change of surrounding, though the methods may remain practically the same, proved beneficial in these cases.

Since contact with certified insane persons undoubtedly has a demoralising and injurious effect upon many of the incipient insane, the question arises how they are to be dealt with. Certain cases there are who need such control and safe-guarding, or whose mental disorder is of such a hopeless nature, that the asylum will be the best place for them. Or else they may be so poor that the asylum offers them greater luxury and enjoyment than could be accorded were they placed alone in a private family. But there are many, with ample means—patients who make the fortunes of asylum-proprietors—whose lives would be infinitely happier did they live beyond asylum walls.

It is not always advisable to keep such patients at home, for the influence of the insane upon the other

members of the family must be borne in mind. In a very large proportion of cases the outbreak of mental disease in any member of the family is, to a certain extent, the result of a family taint, which is inherited not only by the afflicted individual, but by his near relatives. The effect of an insane member of the family living in close relationship with the rest, who are themselves somewhat predisposed, and some of them of an impressible and receptive age, subject to various influences that may affect them, is not in itself a desirable one, and may be at times disastrous. Insane patients are, as a rule, less easily managed by the members of their own family than by others. Their insanity necessarily makes important changes in their relations with other members of the household. They find themselves thwarted, opposed, or restrained, where they formerly had liberty; their opinions and wishes, which were formerly respected and heeded, now apparently receive little consideration; their authority, which was formerly acknowledged without question, is now ignored, and they themselves are placed in subjugation. As they cannot appreciate the reason for this great change, they become irritated by the new relation of things. They do not realise that they themselves have changed, and hence infer that others have changed in their feelings and designs towards them. Not unfrequently these changed circumstances are sufficient to convince them that their most intimate friends and relations have without reason become their active enemies. If the patients have insane delusions of suspicion, these delusions are most likely to be fixed upon their immediate friends and relatives, and will be stimulated by their presence. Often it is very difficult for the relatives of an insane patient to appreciate to what an extent he is insane. They see that he reasons correctly and conducts himself well enough in some particulars, and cannot fully realise why he should be so unreasonable in other particulars; or, if they do appreciate the facts, they are constantly neglecting them in practice. Their great anxiety, and the extreme interest they feel in the patient, are liable, on the one hand, to render them intolerant of his shortcomings, or, on the other, to render them too

yielding to his many foibles and caprices. Insane patients are therefore, as a rule, best managed away from their own homes.

It must also receive consideration that the patient, when he isolates himself from his family and withdraws from the surroundings in which his insanity developed, to individual treatment in single care, preferably amid pleasant scenery in the country, he separates himself from all excitements, from the cares or even the excesses of all kinds to which he was exposed in the social conditions in which he has hitherto lived ; in short, he thus removes from his mind all the factors of over-pressure and moral dejection that engendered the neuropathic state or helped to keep it up. Such private patients are happier, healthier, more tranquil, and enjoy greater liberty than those in asylums. I have risked even dangerous cases in private care, and never had the slightest trouble, knowing what precautions to take.

It has been said, "Oh ! the patient must not be taken out to single care, because in the absence of skilled medical treatment, with unskilled nursing, and limited supervision, he would be treated with downright cruelty and neglect by people ignorant and incompetent." But who has ever proposed to do without skilled medical treatment, skilled nursing, proper medical and official supervision ? By private treatment I mean *active* treatment by a *medical* man. It is absolutely useless to have our patients stowed away in back parlours and left there to rot mentally. If this method of treating patients privately, with qualified attendants and medical supervision, did not work satisfactorily, with perfect safety, and without inconvenience, the reporter, the telephone, and cheap telegram would have made known any failures. If there were any scandalous cases, we should hear of them. The only scandal is that the insane and feeble-minded do not obtain the necessary treatment in the early stages when a cure is still possible.

Those having charge of patients must be suitable and skilled and trained in the care and treatment of the insane, otherwise the patients under single care go there merely to be housed, and to drift into chronic insanity. The nurses having charge of the patients

should be thoroughly trained in mental work, and should be the proper people to take charge of patients, not merely with regard to their care, but having in view their recovery also. The medical men who are in attendance on these patients must be thoroughly trained in the treatment of mental disease, otherwise the patient is merely put under care, and the very object we have in view—recovery—is lost.

In Scotland a permissive clause has been in operation since 1866, authorising a physician, on his own certificate, which is not sent to the Commissioners in Lunacy, but is held as a protective instrument by a person who has care of the patient, to place a patient whose insanity is not confirmed in any private house and under any guardian he may choose, for a period not exceeding six months, for care and treatment. The advantages of this are obvious, and have been frequently pointed out.

Eighteen to twenty per cent. of all the pauper lunatics in Scotland are living in private dwellings throughout the country, whereas in England people are still afraid of having a lunatic on their premises, considering all and sundry persons of unsound mind as dangerous.

Many patients are quite capable of appreciating the amenities of domestic life and the more natural surroundings, and of enjoying the individuality which they retain in private houses and which they cannot have while part of the population of a large asylum. Other advantages of the private care are privacy and the avoidance of publicity, which both rich and poor desire alike, and the avoidance of the stigma of treatment in a lunatic asylum. Nobody suggests the treatment of all forms of insanity, or, to speak more correctly, of all cases of insanity, in private care. It is necessary to individualise treatment here, as it is in everything else connected with states of mental disease.

But such treatment is necessarily costly, as it involves nursing, possible change of residence, and continuous medical attendance. This it is out of the power of the poor to obtain. All general hospitals shut their doors against persons suspected of insanity on the ground that the asylum is the proper place for their treatment. The asylums, however, cannot receive cases until the

symptoms are so far advanced as to constitute "certifiable" insanity.

Hence it is proposed to establish **Reception Houses for the Insane**, where patients can be detained until it is seen whether it is necessary to send them into an asylum, and, if so, to what kind of asylum, or whether they can be discharged without having to be put away at all. The London County Council is building such a place at Denmark Hill to try the plan, having received the munificent offer of £30,000 for the erection of such a hospital from one of our greatest authorities on Lunacy —Dr. Maudsley.

At present the initial proceedings for the detention of a pauper patient devolve upon the Relieving Officer, who gives information to a Justice of the Peace as to the insanity of an individual whom he has removed to the workhouse or infirmary, and in the majority of Unions and Parishes it is the Medical Officer of the Union who "certifies" the patient (for a regular fee) as a lunatic, after which he is transferred to the asylum. The removal of the patient to the workhouse is often considered by the friends as a great hardship, and complaints have also been made of too great willingness on the part of the Medical Officer to "certify" patients, especially senile cases—in fact some consider the apparent increase in insanity to be partly due to this circumstance.

The advantage of the proposed Receiving Houses will be that the alleged lunatic will be taken straight there instead of the workhouse, and directly he enters the Receiving House he will be under the care of medical men who have specialised in mental disease. Thus, without doubt, many persons who are at present sent from the workhouse to the asylums would not need to go to asylums at all, but would improve and recover at the Receiving Houses. In connection with these Receiving Houses it is proposed to have out-patient departments, which will enable persons who need it to obtain advice. Thus it is believed that many cases of incipient mental disease might be arrested and the need for long seclusion in an asylum avoided. Of the necessity of such institutions I can speak from experience.

People who come from a neurotic or insane stock and who have children can, and do, seek advice in such an institution as to how to prevent weak-mindedness or disease in the latter. The medical expert can instruct them in many useful precautions. If we are to accomplish anything in the way of prevention of insanity, it must be largely with the children (see Chapter XI). When people are grown up, have their habits formed, and are leading an active life—in unsuitable employment and circumstances which they cannot always control—so much cannot be done as with the children. Parents can seek advice as soon as the child fails to begin to walk or talk at the proper age or does not take an interest in its environment. The child may have convulsions which may lead to epilepsy and imbecility in later life, not always due to the difficulties of dentition or accidents to the head, as fond parents are apt to believe. Later on the child may be highly strung, restless, excitable; he may be backward or precocious, but of ungovernable temper; or he may grow up normally until the age of puberty, and then break down and become demented. Lastly, he may get through his youth without any accident, and become insane only when adult or in middle age. Cases of weak-mindedness with criminal propensities—"criminals who have committed no crime"—would be recognised at an early age before they have acquired facility in crime.

In children of families tainted with insanity we can do a great deal towards its prevention. Some of these children are of the poorest class, and, if their condition were not discovered, they might grow up a menace to society, the boys becoming tramps and criminals, and the girls becoming mothers of illegitimate children or taking to the streets. Incipient cases are at once taken in hand and frequently the threatened attack averted, and by watching these cases something has been done to guard the community against a source of danger. An extraordinary number of defective children have been brought before me, and I believe that such a department can do much good in calling attention to these children, whose condition otherwise escapes recognition from the lack of careful investigation. From a lack of any system

whereby their condition can be discovered they grow up and become a burden to the State.

If my experience goes for anything, the larger number of cases that would be treated in such an institution are just those for whom lunatic asylums would be particularly deleterious—namely, those who display mild forms of mental derangement, persons with fixed thoughts and obsessions, innocent or dangerous, who are still capable of reasoning logically in regard to most of the circumstances presented to their minds, and are still able to control their actions, if not all their thoughts and feelings. Many cases of neurasthenia, hysteria, and epilepsy would be treated, particularly masked epilepsy, when actions, innocent or criminal, are performed at regular intervals of which the victim has little or no recollection, besides a great number of people with uncontrollable impulses which they are unable to resist though apparently conscious and aware of the consequences, and though, in the interval between their attacks, full of remorse, and behaving in the most exemplary manner. I have been consulted about every variety of medico-legal case that brings a man before the police-court; frequently I am asked for advice or assistance in cases of constant repetition of one kind of offence, such as the theft of one kind of article only, people who never steal anything else and cannot account for the preference they have for that one article. Sometimes I have discovered an arrested development of the brain, sometimes some malformation, sometimes the marks of some head-injury, and, although it is not in my power to save such persons from the consequences of their acts, I am accumulating the material necessary to support a demand for a revision of the law affecting criminals so afflicted.

Amongst others we also have to treat the chronic inebriate, the man who drinks either in excess or to whom even a small quantity of alcohol acts as poison owing to the weakened brain-resistance.

Persons who have been insane once or who have just got their discharge could consult the physician in reference to the progress of their convalescence, and seek from him advice as to the best mode of living, so as to prevent a recurrence of their disease.

I can see no reason why every general hospital should not be provided with a special out-patient department for the diagnosis and treatment of the incipient stages of insanity, and even special clinics.

In Glasgow an experiment in providing wards for the hospital treatment of cases of insanity in its earlier stages has been carried on during the last six years with manifest success, and such a clinic is a feature of a large number of university towns on the Continent, especially in Germany, Austria, Switzerland, and Italy. Among these may be mentioned the clinics of Munich, Greifswald, Kiel, Giessen, Berlin, Heidelberg, Vienna, Rome, Florence, Genoa, Padua, Turin, etc. In this relation we would like to draw attention to the " Temporary Reception Orders " under the laws relating to German and Swiss University Clinics, on which the director can admit patients at sight, without any medical certificate, without any stipulation as to the subsequent visitation of the patient by any other medical man, and without any special proof of urgency.

In Professor Kraepelin's clinic at Munich they have 16 doctors and 53 attendants for 120 beds, not counting the various lecturers and out-patient physicians. The admissions number 1,500 to 2,000 patients per annum. Besides Professor Kraepelin's clinical demonstrations for ordinary, advanced, and post-graduate students, there are lecturers and lectures on the experimental method in psychology, on mental cases of medico-legal importance, on pathological anatomy, and the histology of the brain in insanity, on sero-diagnosis, on clinical psychiatry, exhibiting apparatus and instruments, on topographical anatomy, and on neurological cases. Every effort is being made to investigate insanity from a clinical, pathological, psychological, and sociological point of view. All this in a relatively small capital like Munich.

I am surprised that England has been so long in adopting psychiatrical clinics.

In Glasgow they have discovered that a considerable number of cases which present mental symptoms do not require asylum care, but can be successfully treated in hospitals. The cases which are sent to the mental hospital, which is a separate pavilion of the general

hospital, are admitted in the same manner as patients are admitted to the general hospital—that is to say, they are not placed under any form of lunacy certification. The period of residence is limited to six weeks. At the end of that time the patient must be discharged somewhere or other. He must either be sent back to his friends or discharged as recovered, or he must be certified and sent to an asylum or boarded out.

In the interests of the sufferers, for the furtherance of science, and for the spread of knowledge in the medical profession, it is essential that in every large city, and especially in every university city, there should be hospital wards for the treatment of acute insanity, open to the public and to medical students, in exactly the same way as are the other wards of general hospitals. To these wards should be attached an out-patient department to which patients may come for advice. The want of such an establishment in every great urban centre in the country is an expression of passive cruelty and indifference which can only be described as a blot upon our much-vaunted civilisation.

If it became widely known amongst the poorer classes of the community that places exist where they can come for advice and treatment while they are still conscious of their mental disorder, we should have their voluntary co-operation, which would do away with half of the difficulty we experience in treating the insane to-day. One of the chief reasons why they do not come in any proportionate number is their dread of being sent to a lunatic asylum, the very name of which is a terror to them, the remembrance a sort of nightmare, and the social consequences of which spell ruin. The very fact that such a patient seeks medical advice is a proof that morally he is in a favourable state for treatment, whereas when the disease has developed, so as to necessitate certification, the patient frequently has to be forced to submit to treatment.

Not all patients would be transferred to asylums. Directions would be given in the mildest form of cases for home-care and home-treatment where the relations of the patient could be trusted as companions and caretakers or could find responsible persons. Others would

be treated at the hospital if there was any likelihood of a speedy recovery. Others again, and this is a plan that I have so far adopted, could be placed in family care in cottages in the country. We ought to have a list of houses into which persons can be received who are on the verge of insanity, whose faculties are not quite up to the average, but yet who are capable of being usefully employed and made comfortable, when superintended by people who have had previous experience in this direction.

Such a scheme would make possible to the poor what is at present almost entirely confined to the well-to-do classes—viz. the privilege of being "voluntary boarders," an arrangement by which numbers of people get well without the formality and the odium of certificates.

The family care of the chronic insane is largely practised in certain countries, notably Belgium and Scotland, and with success, but in all cases under medical supervision. In this country it has not, as yet, been extensively tried.

I see no reason whatever why in some cases a chronic lunatic should not be put in a private house. A considerable number are capable of some enjoyment in life, and many of them are quite harmless and could go about with only a moderate amount of supervision. The weak-minded cases especially do not want certification. They are, as a rule, not dangerous either to themselves or others. They only want protection against doing foolish things to their own disadvantage or being imposed upon by others, and for that purpose notification would be all that is needed.

In Scotland there is provision for the confirmed cases who, while still mentally unsound, do not require treatment in an asylum. There are many houses in Scotland recognised and licensed by the Commissioners in Lunacy as suitable places in which such cases can be boarded; the certificate given for such cases testifies that the patient, although of unsound mind, is not dangerous to himself or others, and does not require treatment in an asylum.

On receiving such a certificate, the Lunacy Commissioners grant their sanction to the residence of the patient

in the particular house selected, and the patient may remain there for years and years, subject only to a visit every three months from his own Medical Attendant or from the local practitioner, who must report, in a book kept in the house for this purpose, as to the conditions and care of the patient and the suitableness of his surroundings ; and subject also to visitation and inspection at any time by the Commissioners, or their deputies, to whom the visitation book must be submitted. Thus, harmless chronic cases are " boarded out " in private houses.

That it is not necessary to restrain patients with bolts and bars, locks, wards, and high walls, as is done in the crowded English asylums, is shown in Belgium, where almost entire liberty is accorded to the lunatics resident in the town of Gheel and its neighbouring hamlets, to the number of 2,000.

Besides the head physician—Dr. d'Hollander—there are six resident medical officers and a number of inspectors. This " colony " system, which is typically represented at Gheel, but exists also at Lierneux in Belgium and at Dun-sur-Auron in France, may be briefly described as the concentration of the insane in the private houses of a village, or series of adjoining villages, under the supervision of a medical and lay staff. A small central hospital serves at once for the purpose of a sick-room for patients suffering from physical ailments and a retreat for those who are overtaken by recurrent temporary attacks of acute insanity.

Here the patients, when they arrive, are detained a short time on trial before they are dispersed among the cottages to the care of the caretakers, with whom they subsequently remain. The little army of pauper, and other patients gathered from the whole of Belgium, are distributed over 600 different dwellings, the major portion of which are small cottages or small farmhouses, in which the more troublesome or poorer patients are dispersed, and the remainder are situated in the town of Gheel, which is set apart for quieter lunatics and those who are able to pay more liberally for their treatment. The lunatic shares the usual life of the family, his occupation and employments are theirs, and in all cases the

individual requirements of the patient are carefully considered. A strict system of supervision prevails, somewhat analogous to that of the Lunacy Commissioners and Visiting Justices of England.

"Family life" is the watchword in Belgium. As the family life mainly surrounds the woman, it is the housewife that mainly takes charge of the patient. It is found that the influence of children is also incalculable for good, and it is positively asserted that never has it been known for a child to be injured by a patient. On the other hand, no homicidal patients are sent there; all patients are carefully selected.

Other centres for the family care of insane patients have been established, in addition to those in Belgium and France, in Germany, Russia, Holland, and Italy.

The real matter of importance is that family care presents a method of dealing with the insane which is feasible in a great number of cases, which is curative in some, which is improving, tranquillising, and humanising in very many, and which in suitable cases, even where improvement is not to be expected, is more free, happy, and wholesome than existence in an asylum can ever be.

CHAPTER XV

THE VALUE OF PROPOSED PREVENTIVE MEASURES

RESTRICTION OF MARRIAGE OF INSANE, STERILISATION OF THE DEGENERATE, AND THE SEGREGATION OF THE FEEBLE-MINDED

In the question of marriage, education, and occupation the consideration of heredity seems forgotten or wholly ignored by the majority of persons. People with neurotic heredities marry; they bring neurotic children into the world; they educate them faultily, and in such a manner as to add to their neurotic inheritance; they allow them to choose unsuitable employments; and finally the children develop in their turn nervous and mental derangements. There is a lack of responsibility, especially amongst the poor and ignorant classes, who are careless what their progeny may be, what mental or physical disabilities their children may inherit, how these shall earn their living, who will have to support them, or what poverty-stricken, unhealthy, immoral, or secluded lives they may have to lead.

Nowadays, when the maniac, the melancholic, the would-be suicide, the imbecile, the epileptic, and the habitual drunkard are married and given in marriage, the suffering has become so terrible, the contamination of the race so great, and the care of the useless offspring begotten so heavy a charge upon the community, that some effort should be made to stay this curse upon the land. At present, with the exception of the idiot and the raving maniac, who in the eye of the law are unable to make a contract binding on themselves, there is no one so diseased, crippled, or deformed that he or she may

not marry and become the parent of a suffering, helpless family, so far as the law is concerned.

In an ideal community no doubt, the first precaution in order to prevent the propagation of insanity would be the forbidding of the marriage of unsuitable persons.

To observe the way marriages are sometimes arranged is almost to lose hope for the future of the human race. If men and women were racehorses or short-horns, their breeding would be studied most elaborately; all imperfect or faulty stock would be carefully eliminated, and everything like inbreeding would, as a matter of course, be avoided.

It would be of immense advantage to the human race if we could effect an improvement in the bodily and mental capacities of men and women by selective breeding; if the bad stock could be eliminated and the good stock encouraged; if the State could interfere, with stringent regulations of marriage, prohibiting unions of those close of kin and the whole class of mental degenerates. It is rightly argued that persons tainted with insanity have no more right to transmit their disease to a helpless progeny than a person suffering with smallpox has the right to infect other people by travelling in a public conveyance. As with the victim of smallpox, it is their misfortune more than their fault; but society is bound to protect itself. The unfortunate few must suffer for the benefit of the many. It should be the duty of the State to see that such unfortunates are protected and cared for, and that their lives are made, as far as possible, useful and happy; but that they should be permitted to hand down their disease to innocent children, any more than the sick one should be permitted to give his smallpox to his neighbour, is unfair to society and to the race.

The greatest danger arises from those who have been once insane. Owing to pressure of accommodation in the county asylums it is necessary to discharge patients as soon as possible, and there is no doubt that in many instances the recovery is not firmly established; frequently these "recovered" patients reappear at a shorter or longer interval on the admission list of the same or some other allied institution. Recurrent in-

sanity in this respect is much more dangerous than permanent insanity, because the subject suffering from recurrent insanity is periodically given his or her liberty, and the woman often becomes the mother of children, has a relapse, and goes back again. Figures which would show the number of children borne by women discharged from asylums would be very interesting and instructive reading. Unfortunately they do not exist, and even if they could be obtained they would probably tell less than half the tale. The male lunatic would still have his progeny unaccounted for and unrecognised, and he is obviously a greater power in the production of offspring, good or bad, than the female.

I can quote however one case of a female patient now in Colney Hatch that has been brought to the notice of the Asylums Committee of the London County Council as recently as October 1911. The woman's history includes the following startling facts :

15 times admitted to and discharged from the institutions controlled by the London County authority.

11 times admitted to and discharged from other asylums.

13 children born to her, of whom five are dead and two show signs of insanity.

2 of her sisters were lunatics ; one committed suicide, the other died in an asylum.

2 of her aunts are now in asylums.

The latest figures available show that 17,976 patients were discharged from London asylums as "recovered" in the fifteen years ending December 31, 1909. No fewer than 5,107 were readmitted up to March 31, 1910, or 28·69 per cent. ; and nearly half of these, over 12 per cent., were readmitted within a year. An examination of the family history of 1,834 patients showed that there were :

2	instances	of	six	insane	in	a family.
3	,,	,,	five	,,	,,	,,
12	,,	,,	four	,,	,,	,,
85	,,	,,	three	,,	,,	,,
752	,,	,,	two	,,	,,	,,

The medical superintendent at Bexley Asylum has also reported that among his patients he had traced blood relations who were, or had been, under treatment in a London or other asylum as follows :

47	instances of	father and son.
53	,,	father and daughter.
32	,,	mother and son.
74	,,	mother and daughter.
45	,,	brothers.
64	,,	brothers and sisters.
69	,,	sisters.
1	,,	a father, mother, son, and daughter.
2	,,	father, son, and daughter.
1	,,	mother, son, and daughter.
1	,,	three brothers and two sisters.
4	,,	father and two sons.
4	,,	mother and two sons.
2	,,	mother and three sons.
2	,,	two brothers and one sister.
1	,,	four brothers.
6	,,	three brothers.

Before marriages are arranged, inquiry should be made as to whether there is any history of insanity in the families of the contracting pair. If there is insanity in the family, we shall have to consider in how many members and how many generations it has shown itself. If it has occurred in one of the parents, what was the age of the parent at the time of its appearance ? Did it appear when the parent was young, at a time when obviously it must have been inherited, or did it manifest itself later in life with a cause and a history which showed it to have been acquired ? What was the age of the parent when the child was born, and was it born before or after the disorder commenced in its parent ?

It would be of advantage to the race if no person who has had an attack of unsoundness of mind would marry during the child-bearing age ; if no epileptic, who has become subject to the disease before twenty-one, would marry ; and no person who suffers from mental enfeeblement in any degree would contract marriage.

It is positively criminal to withhold the fact of a girl having been insane from a man about to propose marriage. But it is done by parents, or else the history of the attack is minimised and spoken of as only nervousness or hysteria. Some people even think that marriage may effect a cure ; as a matter of fact the danger of a relapse is very great, for the woman has to face the trying periods of child-bearing. No one who has had one attack of insanity can be pronounced free from the risk of another, for it is a disease which confers no immunity in the future on its victims like some others we have to treat. On the contrary, each attack, if there be more than one, adds to, and does not take away, the liability to others.

The misfortune is that most people get engaged, and ask our advice after, and that is the real reason why medical advice is so seldom followed. The misfortune is real, for such tainted persons make ill-judged selections.

Passing to those persons who have not had actual attacks of mental unsoundness, but who by family inheritance are deeply tainted with the disease, no definite rules as to marriage can, in the present state of knowledge, be laid down. The question must be left to experts. The maternal heredity is much the most important. If the woman is healthy and only the man has a bad family history, the chances of the children becoming affected are small ; but the man's personal history and physical and mental state should be carefully examined, as there will always be a risk. Where both parties have a bad family history, the chances of tainted offspring are enormous, and marriage should be forbidden, and be made punishable if they are blood-relations. There seems a tendency among these neurotic folk to choose for their partners people of a like nervous temperament, and, from a shyness which is characteristic and constitutional, they often choose cousins whom they have long known in preference to strangers whom they know not, and are too shy to approach.

The worst is that the partner does not always become insane, but remains in that first stage, manifesting merely a " lack of self-control," giving vent to his or her feelings on very slight, or without any, provocation. Such people are terrors to the household, and, curiously, it

is not they who go mad, but not infrequently the man or woman who is tied to them for life. At all events it is not by any means rare to be told, "I shall go mad if I have to stand her, or him, much longer." Many cruel husbands are the cause of the nervous breakdown of the woman, and it is not the drink that causes the cruelty, as the poor wife supposes, but frequently both drink and cruelty are the symptoms of a hereditary taint. On the other hand, a woman, herself on the borderland, can by her temper and conduct drive a man, who has the domestic trouble added to his other cares and worries, to insanity. Many a desperate deed, chronicled in the newspapers, is the mere outcome of a mind driven temporarily insane by another tainted one.

The children of an insane parent are not all insane, but it is certain that every child—whether it becomes insane or not—carries about with it through life a tendency to insanity, and there can hardly be a more terrible heritage. And it must not be forgotten that insanity is not the only result of an inherited predisposition; nervous diseases of all kinds may be developed in the children of insane parents, besides epilepsy, dipsomania, criminal tendencies, idiocy, and the like. People boast that there is no insanity, when nearly all their offsprings are the victims of some nervous complaint, some eccentricity, perversion, obsession, or mere incapacity to earn a livelihood for themselves.

Although not all children of an insane parent are insane, yet it is impossible to predict with certainty that this one or that one will escape. The most unlikely and most steady-going are often those who break down under excessive strain, while others who have been obviously eccentric remain always eccentric and never go beyond. Now, although we cannot forbid all such children to marry, it is most important that they marry partners who are themselves free from all nervous disorders, and whose inheritance is untainted by any such disease.

The difficulties in the practical application of eugenics are numerous. First of all, the people to whom it is essential that this gospel of deliverance should be preached are precisely the people who pay no heed to it. Then it must be remembered that people do not marry merely

for the "procreation of children," but also for "the mutual society, help, and comfort that the one ought to have of the other." Eugenists recognise that it would be a mistake to expect that human beings can be mated the same as animals for the improvement of the breed. They know that marriage is not a question of the head only, but also of the heart, and any attempt to control it would meet with difficulties. For although physical beauty—that is to say, health—determines marriage to some extent, men and women marry also for the pleasant companionship, help, and comfort which the contracting parties hope to gain from one another. Moreover, though by selection in marriage the child may be born healthy, nothing will be gained if the parents are poor and badly educated and cause the child to grow up feebly, because of improper or insufficient nourishment, insanitary surroundings, and lack of that mental and moral education in early childhood which only the parents can supply. We must also remember the influence of external environment, and not jump to the conclusion that every case of apparent slowness and backwardness is due to organic defects. A great deal is said about the propagation of the criminal classes, and where it depends upon true mental defect I believe that criminal tendencies can be propagated; but my experience of the children of the depraved and criminal classes has taught me that, taken early enough and placed in good environment, a large number turn out thoroughly decent, hard-working, and law-abiding men and women.

Finally, if there is to be restriction in marriage in the case of persons who are unfit to marry, one has to face the alternative, which is so often forgotten, that marriage is not an essential preliminary to procreation. It must be borne in mind that there is such a thing as bastardy. And thus we are confronted with the question as to how far the State has a right to employ coercion or restraint. In the case of the actually insane, there is, and can be, no dispute. But where a married man or woman has once been certified as a lunatic, and proves to have been only temporarily deranged, it is evidently a matter of much difficulty and delicacy to decide whether he or she shall under any or what circumstances be allowed to

resume the family life at the risk of perpetuating so terrible a calamity. There are some forms of mental alienation which are patently associated with the bodily condition of the sufferer, and in which the chances are enormously on the side of the transmission of a taint to the subject's offspring. In a case of this sort there ought absolutely to be no hesitation. But it is very hard to see how the victim of a temporary lapse could be authoritatively dealt with after an apparently complete recovery, and indeed it is not certain that such a lapse necessarily indicates the transmissibility of the taint.

But if legislation is unattainable, to what must we look for the regulation of marriage of tainted persons? Clearly we have only public opinion to call to our aid, although public opinion requires to be educated for a long period before it will be of much service. How many a man or woman do we see whose health and mind are sacrificed on the altar of marriage, who might have led a happy and useful life if compelled by public opinion and judicious advisers to remain single. We can only trust that by education, by continual ventilation of the subject, and exposure of the evils arising from its neglect, public opinion may in time be directed towards it, so that people will be forced to look upon the act of giving birth to an insane child as a cruel sin.

With birth the evolution of the human being is nine-tenths completed, therefore the most vital interests of society lie in caring for the unborn, not for the born; and it is insensate folly to leave this to the ignorant and thoughtless desire of the individual. Hence it has been proposed to deprive the unfit, the incorrigible criminal, the imbecile and chronic insane, the inebriates and incurable epileptics, of the possibility of parentage by *sterilising* both men and women. This it is said would involve no hardship on the individual, yet it would protect society. Obviously our experience is too limited to allow us to urge conscientiously such wide-spread sterilisation of all mental defectives. There is not yet sufficient knowledge available on the various factors to enable medical men to render trustworthy advice to the Legislature. Medical men do not yet know sufficiently accurately what qualities are heritable and what qualities are not.

The surgical operation in itself may be absolutely without danger, but experience proves that there is a strong repugnance against all coercive or repressive legislation affecting the social customs and habits of society, which is shown by the constant desire to evade it.

Sterilisation might be necessary as a preventive measure if lifelong care were not available, for there is undoubted danger to the community from the large number of feeble-minded who are not under supervision, and who are specially liable to have illegitimate children, or to make ill-advised marriages. But the disadvantages of such a procedure as sterilisation are great, and lifelong supervision, which, though more costly, is so necessary for other reasons, should, if efficient, be an equally good safeguard against the propagation of the taint to future generations.

Parents of feeble-minded children do not as a rule live long enough to be life-long guardians, and they often meet with little success in controlling the child, so that they are not likely to be able to control the adult.

The *Special Classes of the County Council* do not include the very deficient and troublesome imbecile who is not bad enough for an asylum, and the feeble-minded children they do train are let loose upon the community at the age of sixteen, at a time which is undoubtedly the most critical in their life history, both for themselves and, particularly in the case of the girls, for the next and succeeding generations. It is the child who, only slightly defective, may acquire, as the result of education, a superficial veneer sufficient to allow a return to the community, who constitutes thereto a very grave danger.

We require increased powers of detention of feeble-minded persons beyond the age of sixteen, whose conduct considered apart from "facts indicating insanity," such as would form the basis of a lunacy certificate, proves their incapacity of managing themselves and their affairs with ordinary prudence, thus rendering them a danger to themselves and the community.

Special training in special schools, classes, or institutions may be, and no doubt often is, of great benefit to children of this description; but no training can supply

mental fibre which is lacking in the natural constitution, and whatever improvement may result, the expense and the trouble are thrown away if the child, later on, is thrown out into the world without being able to protect and take care of itself. Protection, shelter, and care must, as a rule, be lifelong and permanent.

In the ruder state of society which has passed away, little heed was taken of these unfortunate children, and many of them, no doubt, died comparatively early in the struggle for existence. But we have learned to think more tenderly of the inferior members of our race, and we seek to protect them from the calamities and sufferings to which they are naturally exposed, and to preserve their lives to the utmost. But in so doing we incur another responsibility—namely, that of preventing, so far as we reasonably can, the perpetuation of a low type of humanity, for otherwise, the beneficence of one generation becomes the burden and the injury of all succeeding ones.

What we want for them is self-paying *industrial* and *farm colonies*, where they might remain working and playing all their lives, children to the end; but happy, harmless children, instead of dangerous and degraded ones. The committal of feeble-minded persons to prison is indefensible, but it is also at present inevitable. There is no place other than the prison for the weak-minded law-breaker who cannot be certified as insane. Such provision would be only a rational extension of the principle of indeterminate sentence, and, if safe-guarded by careful and repeated expert examination and observation, could do no injustice and would greatly diminish crime in the immediate future.

The Royal Commissioners on the Care of the Feeble-minded have approved of such a plan, although the details have been subjected to considerable criticism, chiefly because the method suggested by them seems to be an expensive one. But it can be made economical and even self-paying.

We want more training institutions for the weak-minded children of the poor, the older institutions not being primarily intended for the pauper class and the whole Poor Law accommodation being shockingly inade-

quate. From the training institutions the children should be sent to farm and industrial colonies.

A practical attempt has been made in the new farm colony for the feeble-minded at Hildenborough, near Tonbridge, and is an example of the methods by which we endeavour to combat what threatens to be one of the most crying evils of the age. Here defective children of either sex (in most cases the offspring of defective parents) are rescued from the dangers of the street, the prison, or the workhouse, brought up in clean and healthy surroundings, and taught to labour with their hands. It has been found that though many of these children can neither read nor write, and indeed are totally incapable of acquiring the ordinary rudiments of education, they show a certain amount of aptitude for manual labour. At Hildenborough, therefore, they are given every chance of learning something which will enable them, if not to support themselves, at least to keep them from swelling the already over-crowded ranks of the unemployable.

Another successful colony is that at Sandlebridge, near Manchester, founded by the Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded.

The industrial colony might, in course of time, become to a large extent self-supporting, for the work that could be done there—upholstery, tailoring, shoemaking, basket and brush-making, rug-making, joinery, etc.—might become paying industries.

National progress can take place only when means are taken to increase the fit and decrease the unfit. The establishment of suitable farms and industrial colonies is the only method whereby society can be protected from the feeble-minded. There they would be far happier than in the outside world, and would contribute to their own support, but would be denied the opportunity of procreation.

Nothing is more wasteful than the army of degenerates who, when they are not living at the cost of the tax-payer in workhouses or prisons, are wandering at large, idling, pilfering, injuring property, and polluting the stream of national health by throwing into it human rubbish in the shape of lunatics, idiots, and criminals.

Farm and industrial colonies should be organised to accommodate the whole of the defective classes, and their admission made compulsory and detention last during the term of their natural lives. This plan is advocated not only on humane and social grounds, but for economic reasons as well, for it will not only elevate the race mentally and physically, but it will be ultimately a paying investment for the State by drying up the perennial stream of the fountain, and in time lessen the burden of taxation on the people. It must be remembered that the neglected feeble-minded in our midst are already costing the country a large sum for maintenance in workhouses, prisons, reformatories, and inebriate and other similar institutions, whereas, if "detected early and protected always," they could be trained to honest labour, which would at any rate help towards their maintenance, and by segregation the great and costly peril of transmitting to succeeding generations the hereditary tendency of mental defect would be diminished or avoided.

The obstacles encountered on the practical side of this plan are, of course, very great. One of the chief hindrances lies in the difficulty in estimating the degree of degeneracy. Another is that constitutional immorality is not yet entered on the list of crimes. Assuming that we can discover at an early stage premonitory signs of moral obtuseness, which promise little that is good in the future conduct of the individual, there is no civil legislation which will allow the enforced separation from society of an element which, although it is shown to be predisposed to crime, has as yet in no way offended. The only standard recognised by law is the obstinate repetition of crime. But even this is not altogether reliable, because the repetition is often the outcome of the conditions of imprisonment, at least in the case of some of the lesser crimes.* (See also Chapter XXVII.)

* Since writing the above, the Government has introduced a Bill for the restraint and care of those mentally defective, who at present are not certifiable, proposing to place them under guardianship or to send them to institutions, and imposing penalties on any one marrying or attempting to marry a person alleged "defective" under the Act.

PART IV

THE VARIETIES OF INSANITY AND FEEBLE-MINDEDNESS

In this part of the book we shall attempt to describe the various types of mental disease. These types are merely convenient labels for grouping together more or less similar sequences of phenomena, whose borders are indefinite and to a certain extent arbitrary, and which frequently overlap. To classify the types of insanity on an anatomical or pathological basis would certainly be more scientific, but the day has not yet come for it. At present too little is known of the mental functions of the brain, and of the pathological changes in its structure when the mind is disordered, to admit of such a classification. Therefore, we must be content with a classification by symptoms, which, if less scientific, has its practical utility, especially for a book which appeals to a wide circle of readers.

CHAPTER XVI

MENTAL SYMPTOMS ACCOMPANYING BRAIN FATIGUE (*NEURASTHENIA*)

INDECISION, OBSESSIONS, AND MORBID FEARS

BEFORE describing the initial signs of the various forms of insanity, it will be advisable to consider some of the mental symptoms of fatigue and exhaustion of the nervous system, from which, more or less, every man suffers nowadays, at one time or another, although only temporarily.

Fatigue of the brain and nervous system is a complaint which attacks chiefly persons who are subjected to prolonged mental application combined with worry and responsibility, and shows itself in irritable weakness, exaggerated sensibility, loss of will-power, and lack of inhibition and control. There is a more or less pronounced loss of power in all the faculties, to which are incidentally added fixed ideas and obsessions, and sometimes exaggerated emotionalism.

In this state the patient is conscious of a want of brain tone, a sluggish action of the mind, and of a deviation from his normal condition of intellectual acuteness, activity, and vigour. He is painfully sensible of feeling mentally below par, and recognises his inability to use efficiently his mental powers. The power of attention is weakened, and the memory either wanders or is incoherent in its associations. The person is inattentive from sheer lack of power of application and mental endurance. The effort to think is irksome and painful, causing, if persevered in, painful confusion of thought and mental depression. His thoughts attach themselves to secondary points, to futile details ; he sometimes reads whole pages without having understood what he has

read. There is an inability to "make up the mind," to come to a decision, to exercise a choice. The patient will hesitate a long time before he is able to decide whether to put on the right or the left boot first, which foot to begin with in going upstairs, which pen to select out of a tray, what word to use to express his meaning, whether to walk this way or that, whether to take a stick or an umbrella, and so on with all the decisions of life. He worries usually over such trifles as whether he stamped a letter before posting it, whether it was properly addressed, whether he left a certain door open, or closed another door, and so on.

Irresolution, hesitation, and the general enfeeblement of the will-power react upon the character. The formerly cheerful man or woman, accustomed to bear equably the untold petty annoyances and cares of the present age, now becomes reactive and irritable to all noises; the sounds of the street, the cries of children, the presence of members of the family, all cause intense annoyance. Such persons cannot meet the ordinary ills of life with a normal degree of fortitude; they grow discouraged with the smallest failures, magnify every obstacle, and profess inability to surmount it; they create painful emotions by representing to their minds ideas of danger or of evil or fear. They seem incapable of looking at a question calmly. Slight troubles and indispositions affect them seriously, and grave ones often cause profound depression. They make mountains out of molehills, then toilfully climb these self-created mountains, when a clear-eyed reason would discover that the mountain needs no removal, being only a molehill.

There are always physical signs of exhaustion as well, insomnia being the most frequent symptom. Others sleep in a heavy, unrefreshing way, and the want of restful sleep aggravates the condition of course.

Sometimes the nervous prostration seems ingrained in the person. Such are literally "born tired." Continued application, in these persons, causes an undue sense of fatigue, headache, and sleepiness. They become hypochondriacal and self-centred. They are easily turned aside from their work. Their power of attention is very poor. They are easily baulked in any undertaking.

Others are born "highly strung" and unusually sensitive, and to them the teaching of mental control in childhood and youth should have been compulsory. But this in many cases has been neglected.

The varieties of mental aberration due to nervous exhaustion comprise quite a wide range of symptoms of varying gravity, some of them comparatively trivial and others of serious import. In all there is a decided nervous weakness involving, more or less, that mental function which we call the will. Except in their most pronounced development, or when associated with clearly insane manifestations, they seldom are met with in the asylums; but they are common in the experience of private specialists, and in some of their mildest forms can almost be said to be matters of every day experience.

It results from the weakening of mental control that the patients suffering from nervous exhaustion are powerless to resist the invasion of certain ideas that obtrude themselves upon their minds and hold for the moment an undivided empire over them. Some of these obsessions are harmless and meaningless, as for instance the desire to repeat certain words or phrases, such as a slang expression or a popular air, to count objects of no interest, or to touch some article of furniture. Others are fretful to the individual and dangerous to other people, as the desire to kill, to commit suicide, or to steal. They are recognised by the subject as being foreign to his personality and his modes of thought, as unreasonable and morbid, and are not, at any rate in most cases, blended with his individuality. They are simply ideas or feelings that he cannot get rid of at the time. Practically they are only exaggerations of the experiences of most, if not all, normal individuals, and it is only through the degree of this exaggeration that they carry their victims over the borderland of mental health. We are all of us subject to morbid mental conceptions, but with most of us these are only transient, and are fully controlled by the intelligent will. It is only in certain conditions of nervous exhaustion or in persons who are naturally defective that these conceptions become actual obsessions.

Particularly painful are the obsessions of fear. They

are less common than the obsessions of doubt, and usually follow them. In these the patient suffers from an uncontrollable dread, usually confined to a single object or class of objects. We have the fear of open places, in which the patient cannot cross a square or even the street—agoraphobia ; and its opposite, where the same sort of dread is excited by being in an enclosed space—claustrophobia.

When persons afflicted with agoraphobia enter an open space or pass through a street that is devoid of people, they are immediately overcome by the imperative idea of the impossibility of going on, and thus they become so anxious and nervous that they are actually paralysed ; while if they keep close to the houses or are accompanied by some one, they have no difficulty whatever. The painful situation in which the patient finds himself leads to anxiety, as a result of which the painful feeling becomes still more intense.

There are a large number of other forms, such as fear of lightning, fear of precipices, fear of blood, etc. Others manifest a dread of cancer, or other special disease, to such an extent as to cause them to live in a state of mental torture, and to render themselves obnoxious to other people. Some have an aversion to the contact of certain animals—cats, mice, toads, etc. The patient recognises the absurdity of his dreads, and in a feeble way strives against them ; but the lassitude of will is too great to be overcome, and he returns to his fears and anxieties. The claustrophobe who is shut up in a railway carriage or the agoraphobe who is in an open space is as thoroughly and completely aware of his safety, and of the irrationality of his terror, as the person on the edge of the cliff who is safeguarded by a stout railing from falling over, but none the less is he incapable of utilising his knowledge to suppress his panic.

In some persons there is a morbid anxiety as to health, and extremely exaggerated, if not illusory, ideas as to the existence of certain bodily disease, leading to the concentration of the attention upon, and consequent exaltation of physical sensibility, resulting often from passing physical sensations or slight ailments, which eventually assume to the deluded imagination a grave

and significant character. There is an apprehension of fear of disease, not a genuine conviction, hence the patient talks to every one he meets about his ailments to get some further clues about their realities. At first he will be amenable to reason, but if not dealt with firmly while the nervous exhaustion is treated, which lies at the root of his trouble, his fear may give way to a decided belief, a fixed idea. The only difference from actual insanity is then that the *hypochondriac*, as we will call such a patient, is, however convinced of his trouble, still looking for sympathy and possible help, whereas the insane person is as a rule too downcast to care whether sympathy is offered or not, and would prefer death to cure.

The origin of the fear of such neurasthenic patients is simply explained: they are results of ideas that would leave only fleeting impressions on a healthy brain, but which leave an exaggerated and lasting trace on the exhausted organ. They may originate with some special experience: an apparently narrow escape from being run over may be the inciting cause of a dread of crossing streets; a sudden morbid impulse or suggestion to throw one's self down may be the cause of a phobia as regards all high places. In all cases it is the weakened inhibition that is at fault. It is easy to see how almost any variety of obsessions of dread may thus arise, and most of us can, from our own experience, appreciate their possibility.

A person may have a fear of railway trains, of theatres, of church, of crowded and solitary places, of social entertainments; but in each of these it may be the same and only fear—that of fainting. Another person fears water, knives, firearms, high places, and gas; but the real fear is of suicide, and the objects are conceivable methods by which suicide can be effected.

These peculiar dreads and oppressions do not tincture the whole being, as the fixed ideas of the insane do. They occupy but a part of the mental life of the sufferer, and, unlike insanity, do not colour or pervert the ordinary avocations. They are more or less arguable, more or less kept in their place by the judgment of the sufferer, who does not lose all sense of relative values.

If these vague and illusory fears should stiffen into

delusion, then the case would pass into insanity. Some of these apprehensions do come perilously near it. A fear of doing some wrong recurs until it possesses the mind; the besetting thought looms larger and larger until it assumes the garb of a temptation. Fortunately, the large majority keep on the hitherside of the line of insanity, and are thus preserved.

Obsessions often lead up to *impulsive actions*. The morbid impulse is another defect of mental and emotional control, the existence and *modus operandi* of which can be readily appreciated from one's own experience. Most of us have experienced at times a morbid impulse to do something of which our better judgment disapproved.

Such impulsive actions are performed consciously by an individual, apart from and in spite of the intervention of the will-power. The will, we must remember, is the power not only to do something, but also to leave something undone; it not only produces impulse, but also inhibition, and, like all the higher forms of mental activity, the inhibitory will-power has but an unstable and precarious existence, simple fatigue being sufficient to render us unable to control our reflexes. Even people who are completely sane have their brains traversed by foolish abnormal impulses, but these sudden and unusual conditions do not pass into action, because they are controlled by a contrary force.

The more detrimental the impulsive action is to the patient or to others, the greater the struggle and the mental distress. When the act is committed, there is usually a feeling of relief. But if the action is immoral or harmful, this feeling of relief is sooner or later followed by one of remorse and self-reproach, with often a great anxiety, lest the obsession should recur.

These impulses are as manifold in their forms as are the obsessions of doubt or fear, and vary in their importance and severity from the simple easily rejected suggestion, as to say or do something wrong, to the most inconvenient or dangerous impulses to serious crimes, such as assaults, arson, suicide, or homicide.

The sight of a particular person or a weapon arouses within them the unnatural desire with all its accompanying mental torment. Some of them place themselves

voluntarily under restraint to avoid the temptation, or take practical means to place themselves outside the reach of their abnormal passion. They feel that their wills are yielding to the power of the besetment, and when once they yield the crime must follow. Many of them seek medical advice to counteract the obsession, for fear their dangerous impulses might be put into action. Theft is very common. The article stolen is usually not made use of, or is replaced unawares. It is the shame of being regarded as a genuine thief that prevents a frank confession. The majority of patients, however, have only a "fear" of stealing when seeing valuables exposed; they suffer agonies in consequence, but their impulse is not carried into action. (See Chapter XXVII on "Insanity and the Law.")

CHAPTER XVII

THE MENTAL SYMPTOMS OF HYSTERIA

HYSTERIA is essentially a disorder of that part of the nervous system which subserves the emotional nature. The greater number affected are women; it is only occasionally to be met with in men. The mental symptoms of hysteria resemble in great measure those of nervous exhaustion, though the causes are not the same. We see defective will-power, want of self-control, instability of the emotions, a tendency to impulsive actions, self-consciousness, and an irritability of temper. Such patients crave for excitement, novelty, and the sensational, and their desire to attract attention and sympathy is so great that they will, perhaps half unconsciously, exaggerate and even invent symptoms. Persons afflicted with this disease have been known to starve themselves, to refuse to walk or to speak for years, to mutilate themselves, even torture themselves, in order to produce strange and puzzling symptoms. They not only imagine themselves the victims of the most diverse and serious diseases, but by some obscure power they unconsciously simulate diseases, of the symptoms of which they themselves cannot possibly have any knowledge.

In conversation everything is exaggerated with tiresome repetition. The superlative degree is called into use at every turn. These patients have little power of application as a rule, and are always talking of how tired and weak they are; yet they will spend hours in pottering about, and give infinite thought and time to trifles that ought to be disposed of summarily.

The most profound disturbances with these cases are in the emotional field. All is caprice with them. They

love without measure those whom they will soon hate without reason. Instability is the fundamental feature of the hysterical character. Inclinations, temper, and general feelings all change with incredible rapidity. Fickleness and contradictory tendencies are special characteristics, and gratuitous insults, meaningless slanders, and theatrical attempts at suicide are by no means uncommon. In their love affairs they must have romance, and if they are not sought after, they seek to interfere with the love affairs of others. When married they are the terror of husbands, who find all plans of conduct towards their wives a failure, for hardly has the husband determined on one line of conduct, than he finds his wife changed again.

Hysterical patients are very uncertain elements in the family life ; self-absorbed and selfish, everything must bend to their feelings and their views. If the self-feeling takes a hypochondriacal turn, as it often does, the whole household is kept busy ministering to their slightest feeling of discomfort, which is dwelt upon and exaggerated till the patient grows to believe himself to be suffering cruelly. The patients are untruthful and unreliable, preferring deception of all kinds, without any apparent reasonable object, to open, straightforward conduct. They are unduly excitable, their responses to everything are too keen, their sensations too easily aroused, and they give way to emotional outbreaks often on the slightest provocation. They are far too easily influenced by environment, and become unduly enthusiastic over any cause they espouse. Their enthusiasm leads them into all sorts of headlong acts ; their obstinacy is extreme, and their regard for the point of view of others is entirely swallowed up in their own way of looking at a given thing and dealing with it.

Another mental characteristic of hysterical persons is their constant tendency to mental abstraction, to a kind of self-hypnotism in a waking state. Their attention soon wearies, and they become absent-minded, they dream, they abstract themselves, so to speak, from their surroundings. Occasional absent-mindedness is met with in many mental states, normal and abnormal, but those who are brought into close daily contact with hysterical

persons will notice that they have a constant tendency to become dreamy. They are very susceptible to suggestion and auto-suggestion.

The dreamy states that are experienced in some of these hysterical cases may be of short or long duration, and may or may not be accompanied by convulsions. Sometimes the patients go about in these dream-states, performing various acts with little or no recollection of them on returning to consciousness. In other cases they appear to see visions, to hear beatific music, or to undergo frightful experiences, or pleasurable ones, acting the while in the character of imagined experiences, regardless of all efforts of the bystanders to "bring them to their senses." Some grow extremely fantastic or silly or sentimental in behaviour, laugh and cry uproariously, scream, sing, or shout.

There are cases where the patient seems possessed of two or more personalities, so that in one state she seems conscious of certain experiences, and lives up to a certain character, while in another state she seems an entirely different being. In each state she remembers only the events of the life which corresponds to her present state, and forgets those of the other.

We may dismiss the supposition that hysteria is "humbug." There may be malingering as among any other class of patients; sometimes perhaps the shamming and hysteria have developed side by side. A patient cannot sham symptoms of which she has never heard.

In true hysteria the anomalies of character are accompanied by definite physical signs. Almost any nervous disease may be imitated by hysteria. There is often sensory disturbance, shown by increased sensibility or painful sensibility in various parts of the body. There is often motor disturbance, such as spasms, the lump in the throat or "globus" being very common, vomiting through spasm of the stomach, difficulty in swallowing through spasm of the œsophagus leading to great wasting from want of solid food, bronchial spasms leading to attacks of asthma, and lastly spasms of limbs and groups of muscles, imitating in its worst form, when accompanied by convulsions, an epileptic attack. Besides

rigidity and tremors, paralysis is very common, and is distinguished from genuine lameness by the fact that the hysterical woman makes no attempt to move the limb, and by the presence of muscular tone and the electrical reaction.

The latest hypothesis of hysteria is that the disease is a mental disorder, the symptoms of which indicate what is going on in the subconscious mental life of the individual. From birth onwards our lives are built on a double principle. We have ostensible personalities and concealed personalities, and though the two may harmonise fairly well, they are never fully in accord. At every moment we have to discard temptations and repress emotions out of harmony with this or that set purpose. These emotions and temptations, in spite of being discarded and repressed, nevertheless continue to be important portions of ourselves, and contribute without our conscious knowledge to our perceptions and our thoughts.

According to this hypothesis, hysteria originates in some shock or disagreeable feeling experienced in childhood or youth. The patient suppresses this occurrence, not merely keeping silent about it, but also banishing it from conscious remembrance, either by a strenuous effort of will or by substituting for it some less disagreeable idea. Still the original memory remains in the lower consciousness as a permanent source of disturbance, and reigning there, unmitigated by the wear and tear of the daily conscious life, asserts itself from time to time by the production of fits and other hysterical phenomena.

Hysterical disorders occur sometimes in children, especially the cataleptic condition, in which the limbs may remain in an awkward wax-figure-like state. Attacks of screaming occur, as well as hysterical epilepsy, which can be distinguished from genuine epilepsy by the fact that hysterical patients do not hurt themselves when throwing themselves about, taking care where they propose to fall, whereas the epileptic is so completely unconscious that she has no choice.

The hereditary neuropathic disposition is the principal factor in hysteria, and is shown already in childhood by

an exaggerated manifestation of the emotions, ready tears, excessive temper, anticipation of fear, obstinacy, discontentedness, defective ethical and asthetical development and fantastic imagination. Such children are given to day-dreaming; they stand like a statue, apparently lost in thought until spoken to, when they start up terrified, and it takes some time before they quite know where they are. These dispositions must be combated in early youth.

Although it is probably true that hysteria has a sexual basis, I am much more inclined to attribute it to suppression of the instinct in girls of a dreamy nature than to an actual shock. In former generations, when girls were brought up with the sole idea of marriage and had less freedom than in our day, hysteria was a common complaint. Sports and exercise, regular work and definite pursuits, at all events amongst English girls, have made hysteria much rarer. We also know that the menstrual disturbances in women are liable to set up these symptoms.

The exciting causes of hysteria are great and sudden emotions, such as fear in all its forms. It is of forensic importance to mention here the frequency of false accusations made by hysterical girls against men, to whom they are entirely indifferent, arising from impure thought and fear, and a misinterpretation of words or conduct, which may have been quite innocent and harmless.

That hysterical patients should sometimes become insane is no more than we might expect, considering the frequency both of hysteria and insanity, and the fact that both diseases own a common origin—namely, hereditary nervous taint.

Patients with hysteria may be afflicted for years. Remarkable cures have been effected through hypnotic suggestion acting on the subconscious undercurrents that have been at work, and attending at the same time to the physical health and mental hygiene.

CHAPTER XVIII

STATES OF MENTAL EXALTATION AND EXCITEMENT

MANIA

We have now to deal with the first signs of the different varieties of recognised insanity. One of the commonest forms is an excitement of the psychical functions, which is generally little more than an exaggeration of the normal activity with a more or less profound alteration of the ordinary mental disposition, an elevated emotion, a morbid happiness, with little or no confusion. The chief mental characteristic of this disease, known as *hypomania*, is a loss of mental inhibition and consequently a rapid, ill-regulated, and easily disconnected train of thought. Some accidental attraction arrests the attention, but only for the moment; every arising idea or mood, every impulse of the will, is already replaced by another before it is properly carried out. Thus, in the province of ideas, there arises that phenomenon which we are accustomed to call the "flight of ideas," which is a term quite appropriate, as, in point of fact, the duration of the individual idea appears to be very much shortened; the ideas are "fleeting," and fade again before they have actually attained clearness.

Such patients attract attention in their families by their almost ceaseless activity; they are extremely verbose, and unburden their minds even to chance acquaintances. They contrive to be very busy over the least little thing, and delight to dabble in first one thing, then another, abandoning each as soon as they tire of it, whether it is completed or not. Some develop great activity in letter-writing, and both in their speech and

in their letters these patients change the subject frequently and abruptly, failing to finish the various subjects that they start. Self-esteem is prominent in these patients, and their own point of view, their own desires and projects, are the only ones they tolerate. They are the prey to their impulses, and, while the mood is commonly cheerful, and even exuberant, they become irritated on the slightest provocation, but their irascibility does not last.

The main point in this disorder is the pleasurable emotional feeling. All their bodily functions are well performed, and indeed the patients pride themselves that they never felt so well in their lives. Their friends comment on how well they are looking and what good company they are, often without a suspicion that this increased activity and vivacity are the result of a morbidly excited nervous system. They are active and restless. They sleep little, rise early, and are constantly eager to do something. Generally the memory is extraordinarily stimulated. They are often able to recall at will whole pages of poetry, to quote extensively from standard prose works, and to give dates and details of events, all of which would be impossible in the sane state. Many of them show a particular talent for the resuscitation and embellishment of personal and family histories of a scandalous character.

Such persons are scathing and witty in their criticisms, they are fond of "puns" and "gag," and as all their personal injuries and affronts from early infancy are fresh in their minds, the scope of their animosity is generally a wide and varied one. In their power of expressing ideas they manifest a wonderful facility, and their command of language appears inexhaustible. Not only so, but the choice of phrases and words, the flow of conversation adorned by jests, anecdotes, and pleasantries, varied according to their audience, shows a mental brilliancy which is more often than not quite unexpected and unlooked for in the individual.

The good spirits of the hypomaniac seem, excepting for occasional slight abatement, to be inexhaustible; they rarely leave him; they make dangers invisible, misfortunes light, life easy, and its struggle

pleasant, with nothing but certain triumph at its end. A sudden obstacle sometimes inflames his anger, but his capacity for rapid adaptation to new objectives and his sense of his own superiority inspire him with a tolerance, goodwill, and readiness to forget that render the hypomaniac one of the most harmless of lunatics.

It was to such individuals perhaps that Dryden referred when he wrote :

> "There is a pleasure in being mad,
> Which none but madmen know."

In a little more advanced stage the patient manifests marked mental exaltation, which reveals itself in an increased tone of self-satisfaction and an exaggerated idea of self-importance. Consequently, an over-stimulated imagination, unguided by a just appreciation of its surroundings, leads the subject of this mental affection to propound schemes and projects of an impracticable kind, and to express himself in injudicious and unwise language. His projects are usually as quickly abandoned as they are formed, and embrace spheres of labour and enterprise that are unknown and foreign to his experience. Such patients will criticise and advise upon political, social, scientific, or literary subjects, of which they are usually utterly ignorant, and often discuss such matters with wonderful acumen and cleverness. Although their plans and suggestions are usually unrealisable, they are by no means always absurd or impossible. Indeed patients in this condition have been usefully productive, have solved problems, and written even brilliant works. Usually, however, their projects are not realisable, they are inclined to speculations and to buy things they do not want, and therefore, if they have the control over business affairs, financial losses or other catastrophes are brought about before insanity is recognised by their friends.

The moral nature of this class of patients usually becomes perverted on account of loss of control over their baser instincts. They plunge into excesses, and squander money over drink and vice to the great distress of their families. Their natural affection for relatives is, except for selfish reasons, usually in abeyance ; they

also manifest an extraordinary animosity towards others, even to persons scarcely known to them, which may end in foolish controversies, litigations, or criminal proceedings. They give pseudo-reasonable and ingenious explanations for all sorts of unreasonable things which they have done.

The beginning of a case of hypomania is never sudden. One will always find a previous history of inaptitude, a gradual increasing incapability for active work, melancholic brooding, or hypochondriasis. At the conclusion of the maniacal excitement there are also often attacks of depression, not to be confounded with melancholia, for it is sometimes the natural depression which follows the recognition by the patient that he has made a fool of himself. This alternating condition of exaltation and depression will be described in a succeeding chapter.

In the more advanced states of mental excitement, *mania* proper, the patient becomes more difficult to control. His conduct becomes boisterous: he sings, dances, shouts, and makes grimaces. There is a greater degree of mental obscuration. The flow of words, while facile, often amounts to mere repetition of one idea, or of a single train of thought repeated over and over again. As the patient experiences a greater difficulty in fixing his attention upon any one subject, so his ideas become more numerous and apparently more incoherent, until in many cases the symptom of incoherent speech presents itself. This incoherence of speech reveals the extraordinary confusion of ideas with which the patient's mind is cumbered. He is full of mischief, delights in playing pranks and in destroying things just for the sake of seeing the havoc he can make ; he keeps his dress and hair in disorder, often decorates his person fantastically, and is likely to be indecent in talk and behaviour. At first, though talking excitedly, he may be able to keep to the point ; but as the disease progresses, he is unable to hold to the topic of conversation—his mind wanders in the track of least resistance.

The faculty for writing, being of a later development than that of speech, shows more clearly this confusion of ideas. His handwriting becomes more or less illegible,

words are omitted, letters are dropped, he misplaces the date and signature, and introduces phrases which have no relation to the subject of which he is writing.

His dislike of friends and relations becomes pronounced, and he either treats them with unnatural indifference or exhibits a degree of active hostility productive of ill-feeling and quarrels.

All maniacs, especially during the acute stages of the disease, suffer from insomnia. Their sleeplessness often resists the most energetic treatment.

As the mental confusion increases, illusions become frequent; occasionally there are hallucinations of a visual nature, and delusions are now intermingled with the constant flow of words. The individual imagines that he has become possessed of great mental ability or of extraordinary physical power. Projects that exist only in his imagination appear to him as already fulfilled: he has become a rich man; has attained posts of high honour; has succeeded in achieving some wonderful mechanical invention, and so on. The entire character of the delusion of the maniac is of a fleeting nature, changing from day to day.

A delusion having the same power with a maniac as a rational belief with a sane person, it is not surprising that acts of violence, extending even to murder and suicide, are committed. The patient has lost his power of inhibition, and shows a tendency to act upon every impulse and idea that comes to him.

The patient is now in the stage of active maniacal excitement; he is incoherent, and has to be restrained to prevent him from hurting himself and others.

The excitement may be moderate, but there is excessive irritability of temper from the slightest causes, so that the patient can never be trusted. As soon as an attempt is made to restrain the patient or to oppose his plans and projects, violent conduct and language manifest themselves. He may be witty, playful, jolly, and hilarious; but he is as likely to be irritable, domineering, and violent.

The muscular activity of the patient never seems to be exhausted. Often, for day after day and night after night, he is in a continual state of excitement, movement,

and loquacity. The patient is never at rest. His arms are gesticulating violently; he walks, runs, jumps, rolls over the floor, dances, and twists and turns his body into every possible shape. At the same time he is rarely silent; he talks at the top of his voice one moment, whispers in a low tone the next, and then shouts, yells, laughs, sings, prays, curses, and howls, till the room in which he is seems like a pandemonium. These are the cases that people in general are ready to admit are insane; this seems to be the condition that stands for insanity in the popular mind.

It is well known that such cases can continue their movements for many days without sleep or rest and yet experience no feeling of fatigue. The reason for this extraordinary power of endurance can only be explained by the absence of conscious attention and the predominance of the unconscious mind, which renders the actions of the patient more or less automatic; there is also diminished sensitiveness to pain, to heat, and to cold, although there is abnormal quickness of vision and hearing.

The frenzied state may last for days, weeks, or months, with alternations of quieter intervals, but without complete return to a normal condition. During all this time the patient has been losing weight, despite perhaps an enormous appetite.

After a variable length of time the violent excitement perceptibly decreases, the intervals of quietude become longer and longer, and the case enters the period of decline of the maniacal symptoms. The individual becomes mildly melancholic, and gradually passes on to a more or less complete recovery.

In those cases that become chronic the patient, after long-continued periods of excitement and repeated spells of frenzy, shows a progressive exhaustion of the brain powers and becomes apathetic; his mental vitality departs, and he is left in a condition known as *secondary dementia*—reduced to a level beneath that of the beasts of the field.

CHAPTER XIX

STATES OF MENTAL DEPRESSION

MELANCHOLIA

EXCESSIVE and unreasonable apprehensive depression is one of the commonest symptoms of insanity, and forms the prelude to many mental diseases. It may be simple mild depression; the patient feels bad, out of spirits, and cannot explain the reason or divest himself of the feeling. It is such depression as, in a lesser degree, every man or woman may become subject to.

All persons of a nervous temperament are very sensitive and therefore more liable to melancholy. They feel pleasure keenly, but they also tend to feel pain intensely, whether it be of physical or mental origin, when depressing events occur. For this reason poets, who are what is called "highly strung," are particularly subject to melancholy, as were Chatterton and Edgar Allen Poe. In sane persons such melancholy is of short duration, does not impair the reasoning power, does not greatly interfere with self-control, or with the general nutrition of the body.

As each one in life experiences sudden shocks, griefs, fears, and apprehensions, which in the sane are reasoned with and met with whatever mental powers they possess, so in the unfortunate man or woman about to become the victim of insanity simple melancholia not rarely originates in the normal emotions of sorrow or in reasonable apprehension of coming evil. In the ordinary course of events this misery becomes abated, the pangs of grief are mitigated, consolation is felt, and new interests and aspirations are awakened. Sometimes, however, this is not so. The grief is protracted and deepened, and will not be comforted. A state of unyielding moody misery

becomes habitual—in fact, simple melancholia is established, and medical treatment is requisite.

It is not always easy to distinguish melancholia from ordinary depression in healthy individuals. If the exciting cause is slight, if the effect in the individual is unusually intense and prolonged, if the depression increases with time, if it continues after removal of the primary cause of depression, then the probability is increased that we are dealing with an abnormal state of feeling. The painful state of feeling that occurs in healthy individuals is not general, and may still be influenced in a certain measure by pleasant impressions, while, on the contrary, abnormal painful depression of melancholia changes even pleasant feelings into those of an opposite character, and recognises only variations of intensity of misery.

Depression is a symptom common to a great variety of mental diseases, but by melancholia proper is meant a simple affective insanity in persons not necessarily burdened with neuropathic heredity, characterised by vague feelings of anxiety, and mental pain which is excessive, out of all adequate proportion to its cause and accompanied by a more or less well-defined inhibition of the mental activities. Women are more subject to attacks of melancholia than men, and this is especially true in early and advanced life.

Simple melancholia is by far the commonest form of mental disorder, and shows less departure from normality than any other form of insanity. The melancholic patient realises that he is sick in mind. Owing to the insight into his condition, which is absent in most other forms of insanity, and to the fact that his intellect is not confused, he can give reliable help.

The beginnings of melancholia are usually insidious, or at least gradual. The physical accompaniments are the same as we see in mental agitation in the sane—namely, loss of sleep and appetite, and failure of general nutrition. The patient generally complains of insomnia; the sleep is broken by unpleasant dreams, and is unrefreshing. The subject is often acutely conscientious, and distresses himself needlessly with worries about business or family matters; there are spells of more or less intense

depression, and often the unreasonableness of these is appreciated by the individual, but he cannot rid himself of his morbid feelings.

Of course, the patients may have always been apprehensive, grave, reserved, and highly conscientious, and only grown worse, in which case signs of bodily illness or debility due to defective nutrition, over-work, or intoxications of various kinds, may be looked for and treated. In others, however, there has been no exceptional apprehension before, and there is not the least cause for it now, and yet it has lasted for months and is getting severer.

Such a person is insane because his depression is disproportionate in its degree and duration to the grief or calamity with which it is connected, the depression is more intense at one time than another without any apparent cause, and is intractable and independent of external influences. In ordinary grief the mind may be diverted for a time from the contemplation of its misery, and is not incapable of amusement nor of social pleasure; but in melancholia the attention is riveted to painful impressions, and cannot be attracted by outward allurements. Moreover, the voluntary power is impaired so that the patient is deprived of resolution and the power of decision. His will is paralysed, and he may be so inactive that he will not move unless obliged to do so. There is a disinclination for work, a want of interest in former avocations and recreations; there is an indifference in the ordinary interests of life, and a desire for seclusion. Amusements are a nuisance to him. He finds even letter-writing a bore, and is often irritable to those about him in a way he never was previously. This retardation applies to all actions; he moves slowly, hesitates over everything, and appears to think slowly. He can find no pleasure in anything, nor can he be touched by the misfortunes of others, his own distress absorbing his whole attention.

Later, as this apathy grows, the patient becomes untidy in his habits, he loses all care for his personal appearance, the world presents to his jaundiced mind an appearance that is dark and dismal, and no compensation is afforded by attempts at work or in the pursuit of pleasure; everything has become irksome.

The intellect remains intact, but the ideas seem unable to flow, and as every physical act augments the psychical pain, the patient avoids all occupations, becomes inert, irresolute, unable to make the simplest decision, and broods over his own sadness. He may be able to reason acutely enough in regard to matters with which he is familiar, and may, with a sort of spasmodic energy, conduct himself with credit in a dispute or an argument of short duration; but he is incapable of long-sustained mental effort, and unequal to the task of investigating subjects new to him. Indeed, the mental concentration necessary to such pursuits is rendered impossible by the pre-occupation of his mind. The patient in this state cannot give expression to his feelings; there is often considerable delay in replying to questions, or a faint murmur of reply is all that is heard.

So-called *psychical blindness*, a visual disturbance, in which the capacity for seeing and perceiving objects is preserved, but in which the capability of recognising them, save through the other senses, is lost, is not an uncommon symptom.

Indeed, the fundamental characteristics of melancholia are passivity and inertia. This mental inhibition is an important factor on account of the incapacity of these patients to reach beyond one line of thought, the patients recognising only too clearly their altered state.

Owing to the sluggishness of thought a feeling of monotony necessarily arises which is the principal complaint of many melancholiacs.

The paralysis of the feelings in melancholia is of special importance. It is expressed in indifference toward those things which are otherwise held to be of the highest importance—religion, family, occupation, friends, and social duties. The patients are painfully depressed by this, and begin to doubt whether they are human beings, because they no longer feel as human beings feel. The want of religious support and the comfort afforded in prayer is felt to be especially painful.

The inactivity of mental processes appears to extend to the bodily functions. Digestion seems to be delayed, and constipation is almost invariably present.

This mental state is almost the complete antithesis to mania, in which we find—in place of mental inhibition with self-depreciation—restless activity of mind, an apparent acceleration of the association of ideas, with exaltation. Although in this uncomplicated form of melancholia the individual shows no tendency to imbibe actual delusions, he constantly exaggerates the nature and consequences of his own acts and those of others. Thus the patient may refer to the sins of his youth as the cause of the apprehension, but it is clear that, even if they were really committed, they did not particularly disturb him before his illness; his conscience has only awakened now. If he has committed errors in his business, though they may really have been of no great consequence, he brings himself to the belief, or at least the fear, that immediate financial ruin is staring him in the face. You may show him his bankbook, you may bring him his business acounts which tell of prosperity and wealth, but this has no effect whatever in dispelling his fancies. If he has money invested, or commercial or other transactions in hand, he is certain the one will be lost and the others will result unfavourably. He is, therefore, supremely unhappy, and the state of his mind is exhibited in every feature of his countenance and shown in every gesture that he makes. He weeps, sobs, wrings his hands, groans, sighs, and laments in the most sorrowful accents the cruel fate which has come upon him. He wishes he were dead; the grave would be a relief; and yet he expresses the belief that beyond this life there are greater sorrows in store for him.

These feelings of unworthiness are not delusions—indeed there is no actual intellectual defect at this stage; it is simply an emotional disorder. The feeling of wrongdoing or guilt becomes more definite later, and is the origin of the self-accusations that form so frequent and prominent a characteristic of the fully developed disorder.

In the mild stage of melancholia there may be a tendency to suicide, but this is the result of reflection, by which he arrives at the conclusion that death would be a relief. If he does not attempt self-destruction, it is because of his doubts as to the future, or because he lacks

the physical courage necessary to the act, or because of the sorrow that his family would feel, or of some other rational motive.

MELANCHOLIA WITH DELUSIONS

After the incipient stage is passed and full-fledged melancholia has taken its place, the symptoms have changed. The mental pain becomes much more intense; it passes into an extreme mental neuralgia. The vague depression or fear which has been held as it were in solution in the mind gradually crystallises into certain delusional forms or beliefs. The predominant picture now is fixed intense depression, with a decidedly delusive tendency; the patient's judgment and mental powers have given way; he surrenders to his morbid feelings; his whole mind is concentrated on his mental distress, which he shows in his facial expression and bodily attitudes. Apprehension and fear have now passed into dead certainty, and ideas that could before be corrected by the intellect are now no longer under its sway, since the reasoning power is in abeyance.

During the acuter stages of the disease hallucinations and illusions may become common, and when they occur they exercise a marked effect on the patient.

Hardly two patients present the same series of delusions, and the only classification available is into psychical delusions, from perversions of the intellect, and physical delusions, those appertaining to disordered bodily functions. The delusions are so numerous that any attempted list must be of necessity incomplete. They are always of a painful nature. They may take the form of painful ideas of culpability. The patients accuse themselves of having caused their own illness, of having ruined and dishonoured their friends, of having brought trouble upon other people through misdemeanours or imaginary crimes which may be of the most heinous nature or childishly unimportant, but which are always made to bear a definite causal relation to their own affection or to the troubles of other people. The vague feeling of having done something wrong has developed into a belief, a conviction that his soul is lost, that all the world knows

his unworthiness; he finds in the memories of his past life what is to him ample proof of his delusions, and in what he observes in those around him evidence that they also share his knowledge. Everything is wrong with him, and he has wronged those nearest and dearest to him; his punishment has already begun upon earth, and is to continue through eternity; he is incapable of ever feeling pleasure or comfort again. With this comes the idea of suicide and self-torture.

With all this and a certain slowness and embarrassment of thought, there may be in all matters outside of his morbid feelings and delusions quite a normal state of intellection, and sometimes brief diversions of the ideas may be brought about even in pronounced melancholia.

Sometimes the patients have indefinite fears of impending evil, causing them great agitation. It is a fear of something, but they do not know what. If they seek for an explanation, one variety will explain their fear by their sins and misconduct—that is, by self-accusation as just described; others seek the cause in external events and accuse people of wishing them harm. They may imagine that they have committed sins or crimes, that they are the cause of all the misery in the world, for which various forms of torture are being prepared as a punishment; or they may believe themselves to be the subject of persecution on the part of other people. However, unlike the true persecution-maniac, they never retaliate against their persecutors, but always accept their supposed injuries as a more or less just retribution on account of their imaginary misdemeanours.

Illusions and hallucinations of sight, hearing, and taste make their appearance. Long rows of horrible characters may pass in endless procession before the strained and wearied eyes; pictures of a vividness scarcely ever realised in normal life are presented, in which the most horrible acts are being committed by personages of frightful mien. The patient may imagine his food has been poisoned, or that it is rotten or otherwise unfit for use, and hence there is an obstinate refusal to eat. Or he may think he hears the voice of God commanding him to kill his wife and children, and that to disobey

Him would be a heinous sin. The voices frequently suggest the desirability of suicide, and as the patients very often believe that the voices are authoritative, coming directly from the Deity, from the Devil, or from some supernatural agency which possesses them, it may be easily imagined that the influence of the hallucination is often imperative.

The definiteness of the delusions varies much in different cases. In some patients they are not expressed at all, but the predominance of painful and false ideas may always be inferred from the patient's attitude and manner. In the quieter cases the patients are immobile, passive, and irresponsive; in the agitated cases the patients become restless, are unable to remain in one position or to sit down for any length of time; they rub their hands mechanically, tear their hair out or destroy their clothes, or give expression to cries and ejaculations of a painful nature.

The tendency to silence is often very strongly marked, but it may alternate with periods of great loquacity. During a paroxysm of taciturnity the patient appears to be in a state of active thought as seen by his gestures, but if spoken to he preserves an obstinate silence. When disposed to talk, he rambles from one subject to another; but all his words are expressive of the delusions in his mind, of the evil, the misfortune, the degradation, to which he is being subjected.

In **Hypochondriacal Melancholia** the delusions originate in an uneasiness of the functions of the body, the stomach or bowels, respiratory, circulatory, or other organs. Gradually the attention becomes concentrated thereon, until at last the patient is convinced that he is afflicted with some serious and extraordinary disease, that some of his organs are absent or displaced, or that an organic function has been permanently arrested.

Such victims of hypochondriacal melancholia will tell one that they have no stomach, will present for examination a limb, which, despite its obviously well-nourished condition, is cited as evidence that the body is drying up or mortifying; or again, they will assert that they have not slept for months and cannot last long, that they are undergoing starvation, that their bowels are obstructed,

and so on in endless variety. Patients of this class are abject pictures of misery, wholly absorbed in their own fancied complaints. Sometimes they really have some slight ailment, which they exaggerate to the extreme and ridiculous.

Melancholia with stupor is of gradual development, either as a primary disease or as sequence of some other form of insanity. Again, these patients are under the influence of extreme fear, and have terrible hallucinations of sight and hearing. They present a distressing appearance, sitting motionless with hands clasped and head bent forward, the eyes closed or staring vacantly or fixed upon the floor. If spoken to, they do not answer or even give any sign that they have heard. The patients are entirely sunk in the contemplation of their own calamities, apparently entirely oblivious of what is transpiring around them, and absolutely without will-power to rouse themselves out of their stuporous condition. If they do speak, they are very apt to utter some irrelevant word or sentence, and they may go on repeating it for hours at a time, day after day. Sometimes, when an attempt is made to extend their contracted limbs, a strong resistance is encountered, and if they are placed in a forced position they remain in it indefinitely.

Catalepsy is a condition in which a patient remains like a wax-figure in one position, without ever voluntarily moving; and *Tetany*, a condition in which the muscles contract and offer enormous resistance when the patient is taken hold of. Both occur in severe melancholia.

The cutaneous sensibility of such patients is often greatly diminished, both to sensations of touch and of pain. Their expression is either one of absolute apathy or vacancy, or is indicative of astonishment or terror. At times tears flow from their eyes, and they exhibit all the evidences of grief.

Another variety of melancholia is just the opposite to the last described, and instead of passivity shows motor agitation, incessant movement, together with the appearance of an agonised frame of mind. In this form, **the agitated melancholia**, the intellect is

more involved and the whole aspect graver. Motion is incessant, and is accompanied by tearing the hair, disarrangement of the clothing, striking the head with the hands, sobbing, and the repeated ejaculation of some fixed phrase as "I am damned!" "I am lost!"

The motor excitement is not like that in "mania," but quite different. The movements in melancholia, like the ideas, are monotonous and restricted, and consist of such movements as wringing the hands, uttering cries and phrases, walking up and down the room, or pulling, rubbing, or striking the scalp or some other part. The movements are purposive and rhythmical. They are repeated interminably, and the patient seems hardly conscious of them.

When melancholia tends to become *chronic* as a terminal condition of the acuter form, the symptoms become modified, and although the patients retain their delusions and a certain degree of mental depression, the former remain as a sort of habit of mind, and the latter loses much of its painful character. The mind becomes apathetic, and the general mental condition is indicative of enfeeblement, with impairment of intelligence and of feeling.

SUICIDE

That suicide is not always the result of insanity we must infer from the calm and deliberate manner in which it has been perpetrated. This act has frequently been the result of rational motives, which can be well appreciated by sane persons as not altogether devoid of influence, of motives well weighed, of deliberate, calm determination of the will. It results from a desire, not in itself contrary to nature or reason, to escape from anticipated evils, from the sufferings of life protracted under circumstances which promise only shame or misery and disappointment.

The frequent practice of suicide in many countries, where it has been looked upon as in no way culpable or indicative of mental disorder, removes it from the class of those anomalous and unaccountable acts de-

pending on insane impulses. Pliny terms it the greatest privilege that the gods have left in the power of men amid the calamities of human life. At Ceos, the country of Simonides, it is said to have been a popular maxim that every citizen ought to destroy himself when he attained the age of sixty, and it was supposed shameful to survive the period when a man became unable to serve the commonwealth. Among the ancient Romans, as we learn from Tacitus and other writers, suicide was the general result, among nobles, after falling into misfortune or public disgrace or under the displeasure of the Emperor. Among the ancients, suicide was thought by no means criminal or even despicable, and the sentiment of Socrates, who censured it, is recorded as something novel and remarkable. A similar observation may apply to some countries in the Far East, where a public officer, who has fallen into disgrace, is almost expected to terminate his career by self-destruction.

On the other hand, there is no want of evidence that this act is, for the most part, the result of mental disease.

Self-preservation as the first law of animal life is so obviously true that the deduction that to act contrary to this is abnormal would appear to be self-evident. Whether this abnormality is of the nature of insanity has, however, to be considered.

Nearly every human being suffers at some period of life from troubles and anxieties much more severe than those which ordinarily lead to suicide, so that the persons committing it clearly differ from the normal. In that sense the lay opinion is right that self-killing is the outcome of mental disorder.

The principle upon which the English Law punishes unsuccessful suicides is because it regards the act as self-murder, and murder is a criminal act.

As a matter of fact most men are guilty of suicide. Man does not die—he kills himself. Every one—unless accidentally killed—commits suicide, either quickly or slowly, voluntarily or involuntarily, openly or covertly. Many men dig their graves with their teeth, others drown themselves in drink, a few perish from overwork, more kill themselves with worry, whilst a very small fraction adopt more obvious, though not more effectual, means of ter-

minating their existence on this planet. But whether performed at one stroke or prolonged over a period of years, the suicidal process is the usual method of extinguishing life, and will continue so to be until clearer conceptions of what is meant by Health and the means for its preservation obtain general recognition.

It is difficult to say when a patient may begin to be suicidal.

At least 75 per cent. of all cases of suicides manifest some time before the fatal act a gloomy anxious temper. Some men at the slightest misfortune fall into despair, and think life no longer worth living.

Undoubtedly everything that has produced a distaste for life or reduces a man to extreme despair may become a cause of suicide. Loss of fortune or of honour, the prospect of a cruel or ignominious death, the destruction of domestic happiness, want of strength to support physical or moral ills, sometimes even the contagion of other examples of suicide, very often a miserable hereditary constitution, and many other circumstances may determine an individual to take his own life.

The patient finds no longer satisfaction in his usual pursuits and occupations, becomes restless, sleepless at night, or has his sleep disturbed by disquieting dreams, and so on. He becomes an annoyance to his immediate surroundings, then imagines that he is neglected, treated unjustly, or is despised, or else he thinks himself a burden to others, and does not communicate to them his desperate situation. Friends are often surprised at the rational, well-planned measures of these patients for the accomplishment of their purpose, or at the sudden execution of their project, often-times directly after some kind of recreation.

The causes ordinarily charged with determining suicide are only the exciting, but not the predisposing ones. The storm has been brewing long before ; jealousy, unsuccessful love, loss of property, the clamours of creditors, the tortures of conscience, and all other motives have, generally speaking, only given the final thrust at an edifice whose ruin has been long impending. There are daily millions of people who bear with comparative equanimity disappointments, loss of wealth, loss of husband, wife,

children, or friends, of health, character, or social position. They do not dream of suicide. One man has a habit of thinking which casts a shade of gloom over everything he sees; while another, of a happier mode of thought, perceives the sunshine behind the clouds, even when these for the moment conceal it. It is a particular predisposition that makes the man who has committed a crime end his life, rather than be convicted and reform afterwards. The genuine criminal does not seek death; the love of life is a distinguishing characteristic of convicts.

Suicidal impulses occur in neurasthenia (Chapter XVI), but they are recognised as unreasonable, are deplored and feared, and are fought against so long as possible. Suicide is easily wished for, and the opportunities for it are sought in melancholia, hence all cases of melancholia, however slight, should be treated as suicidal, and every precaution should be taken. To the melancholic patient death is a "relief." It terminates unendurable suffering.

Some will commit the act, or attempt it, when only a very moderate degree of depression has been noticed. But since in this milder form of melancholia the patients possess the full command of their reasoning powers, as well as the power of fixing the attention upon any definite act, they are capable of planning with considerable skill and detail the most effective method of ending their own existence.

In the severer forms suicide is no doubt prompted by the mental sufferings and frequently suggested by hallucinations, and a considerable number of melancholics undoubtedly commit suicide impulsively.

Suicide is attempted sometimes by children at puberty from loss of interest in life, or fear of punishment in highly sensitive children, and is always premeditated. Suicide is also common in senile dementia (Chapter XXII), and may be attempted by women in the insanity after childbirth as a direct consequence of frightful hallucinations (Chapter XXIV).

On the other hand some insane cling to life. The general paralytic (Chapter XXII), reduced to the lowest depths of physical and moral degradation, manifests a remarkable satisfaction in being in the world, and would spend all

the small amount of energy he possesses in defending his existence, if it should be threatened.

Persons suffering from delusions of persecution often commit suicide ; but this is not the same as suicide arising from melancholia. In the latter the patient thinks life no longer worth living ; he contemplates death, and may prepare for it. In the former the patient need not reflect on death at all ; he simply tries to escape from his persecutors. If he happens to be on level ground, no harm need follow ; if he is on a fifth-floor corridor and he can get out at the window, he may make an attempt to do so, with the inevitable consequences ; but it cannot be said that he is conscious of the fatal result, nor that he seeks it.

CHAPTER XX

PERIODIC ATTACKS OF INSANITY

PERIODIC MELANCHOLIA

ATTACKS of melancholia may occur periodically, but are usually not serious and of short duration, not exceeding two months, and the attacks disappear rapidly. The depression takes as a rule such a mild form that some patients can almost completely hide their suffering from strangers, and at all events make an earnest effort to overcome it. They are generally free from delusions. In the mildest form of the affliction there may be nothing more than a feeling of mental distress or sorrow, with inability to pursue the ordinary duties or business.

PERIODIC MANIA

Attacks of mania may become periodic. Whereas repetitions of melancholia may be sometimes accounted for by the delicacy of the patient's nervous organisation, his sensitive emotions, and the shocks and misfortunes he has suffered, periodic mania must be regarded as a constitutional disorder.

The manifestations of periodic mania assume a great variety of forms. Occasionally there is a transitory intellectual perversion, fantastic ideas, religious mysticism, spiritualistic superstition, and sometimes even systematised delusions; but frequently the intellect remains quite undisturbed, and we get only moral perversion, dipsomania, criminal conduct, or immoral excesses.

ALTERNATE STATES OF EXCITATION AND DEPRESSION. MANIC-DEPRESSIVE INSANITY. CIRCULAR INSANITY

Not only can mania or melancholia occur periodically, but states of depression and excitement may follow each

other alternately, and be succeeded by a normal period of varying length; or maniacal-depressive phases may occur in one attack.

Those who suffer from this form of insanity possess in reality two personalities which stand in perfect contrast to each other. Even the appearance of the patient is transformed so as to be almost unrecognisable.

The disease is generally developed upon the groundwork of an inherited defect, either nervous or mental. There are normal people who spend their lives in a see-saw between depression and pleasurable exaltation. Such individuals are either gloomy, easily irritated, or profoundly depressed by the most trivial incidents. At other times they are joyous, easily excited, run eagerly after pleasure they would shun in the other stage, but withal are reasonable, perfectly coherent in thought and action, and in no way overstep the physiological limit of sanity.

A consideration of these alterations within physiological limits, in the daily humour of many persons, enables us to understand more clearly the forms of insanity of the periodic type. When upon an ordinary unstable brain—unstable in the sense that the mental equilibrium is deficient—there is brought to bear a strain such as belongs to the attainment of puberty and adolescence when accompanied by some disaster or failure, the physiological boundary is quickly overstepped. The person becomes affected by one or other of the forms of the psychoses, depression or exaltation, and now the moods, cravings, and tempers become dominant.

In the depressed stages the patient gets "low-spirited." He begins by losing interest in his surroundings, he can no longer apply himself to routine-work; he finds difficulty in keeping the run of conversation or in keeping his thoughts on what he reads. He is not apprehensive and has no delusions, though they may develop later; only utterance of speech and all actions of the will are difficult. He differs therefore from the melancholic insane through the strong impediment of volition and the absence of apprehensive restlessness.

The patient is indisposed to either physical or mental exertion, he shuns the companionship of others, is averse

to speaking, frequently remaining silent for hours, and if forced to respond to questions put to him, he does so in the fewest possible words, and without change of countenance. When he talks, it is in regard to his personal condition, his despair, his dreadful thoughts of the past and the future. His duties are neglected, for he has not the force to perform them, even if he felt the obligation to do so ; in fact, the most exciting events do not engage his attention. He neglects his person, and is regardless of those proprieties of life which are essential to the comfort of sane persons.

Just as in ordinary melancholia, the patient is conscious of his depression, and recognises that he feels no sentiment or affection for those formerly dear to him ; he has lost feeling for everything, and even the death of persons nearest to him leaves him absolutely indifferent. The face has the look of sadness or weariness, the features are contracted, the brows frown, and the eyes, sad and full of despair, generally look down to the ground.

When the melancholic state follows the maniacal state, the patient recognises that in the earlier state he was insane, and tries to explain his erratic conduct of that period.

Sometimes the melancholic state becomes complicated by delusions of ruin, incapacity, and culpability. There are fear and uneasiness without mobility. Sometimes delusions of suspicion based on hallucinations of hearing develop, when there may be refusal of food. Lastly, the patient gets into a stuporous condition with still more frightful delusions and hallucinations.

Sometimes, quite suddenly, the patient changes, becomes bright, and looks ten years younger. The change of the emotions is so rapid at times that a patient may go to bed a melancholiac and rise a maniac, so that it is impossible to say whether he is a melancholic maniac or a maniacal melancholiac.

The state of agitation and excitement has set in. The cardinal symptoms of this, the maniacal state, are : rapidity of ideas, facility and ready flow of language, impulses to continued action, though the work accomplished may be inconsiderable, and unnaturally high spirits, without the presence of hallucinations, delusions,

or mental clouding, or at least these are only transitory. Just as in hypomania, the patients are capable of reasoning correctly, of observing what goes on around them. There is an exaltation of the mental functions, the memory becomes hyperactive, insignificant events are recalled with facility, and poems and literary passages may be repeated which they believed had faded from their memory. Such patients speak and write incessantly. They talk " big " like the hypomaniacs (Chapter XVIII), but have not quite the same self-assurance. The fact that they know nothing of a subject is no bar to their conversing about it. At the same time it may be noticed that they have lost the sense of proportion and of the fitness of what ought to be said or written. This excitement is of a pleasurable nature, and is mingled with feelings of self-satisfaction and confidence. There is a lack of judgment preventing them from gauging the consequences of their actions. Natural cautiousness is forgotten, new projects beyond the limits of common sense are undertaken, speculations are indulged in, journeys without object are begun, love affairs—before in the background —are taken up and pursued with avidity or new ones are sought after.

They also lose their natural affection for their friends and relatives, whom they neglect, while they are often familiar and confidential with utter strangers. They are frequently untruthful, and, if unable to carry their points by fair means, they do not hesitate to lie and cheat to effect their purposes against those whom they imagine to be hostile to them. They are therefore apt to be constantly in dispute.

Persons who have previously followed a quiet mode of life seek frivolous society and the pleasures of the drinking-saloon, and, in fact, give way to excesses which are beyond the limits of propriety or decency.

Conjoined with the excess of mental activity there is a corresponding condition of the muscular system. Patients thus affected are continually in motion. Rest is as painful to them as action is to those who are passing through the stage of depression. They sleep but little, yet do not appear to suffer from insomnia. They have no time for resting, they have no time for proper meals

at regular intervals, being driven about by constantly changing impulses or projects. Kleptomania, dipsomania, and erotomania are common in this state, and sometimes ideas of exaltation occur.

From a forensic point of view the responsibility and culpability of such patients are often a question for the expert. During the period of excitement the patient may have committed all sorts of criminal actions, brought unjust accusations, published gross libels, may have damaged the fortune or reputation of his family, or may have made disputable wills, etc.

In some patients the disease commences with depression, changing into agitation, and is then followed by a normal period. In others the disease commences with excitement, is followed by a period of depression, frequently of a mild form, as if brooding over the follies of the maniacal attack, and afterwards a period of normal life occurs.

The convalescence of such patients is frequently marked by a numb feeling of the head. For a time all such patients recover, but there is always a tendency to recurrence of the disease, since it is based on some hereditary defect. It is therefore essentially chronic, but dementia comes on very late, if at all; much more frequently the disease is transformed into another variety of insanity, mania, or melancholia, which ultimately predominates.

CHAPTER XXI

PROGRESSIVE INSANITY WITH SYSTEMATISED DELUSIONS

PARANOIA

THIS disease is a chronic mental affection, characterised by delusions, working on a tainted constitution, which tend to become fixed and systematised, and in which various hallucinations are common. The important point of the disease does not lie, as in melancholia and mania, in primary emotional and psychomotor disturbances, but in the disturbances in the ideational sphere, in the delusions and in the absence of critical power.

The hereditarily ill-balanced brain shows itself *ab initio* in a peculiar temperament, a ready excitability, a mistrustful character, with distaste for companionship, and melancholic tendencies. As a rule the disease is seen in persons who are bright and clever, but have perhaps been narrow-minded and always considered a little "queer." Suspiciousness is the characteristic of this disease, hence it is called *Paranoia*, from the Greek verb *paranoio*, meaning "to understand wrongly."

The disease commences often at the age of puberty, never abruptly, with malaise and uncomfortable sensations, a hypochondriacal depression, which makes the patient moody and introspective, followed by a stage of subjective analysis. They attach importance to the most trivial symptoms, analysing their own thoughts and feelings, and worry over them in secret.

The patients begin to suspect that there is something peculiar in their personal appearance which unduly attracts the attention of other people. From such ideas the transition to the belief that they are stared at for

some sinister purpose is very easy, that they are despised, or distrusted, or socially tabooed. They feel they are not understood, and misinterpret the actions of those around them. They form suspicions, which are in the first place well founded. It is from the frequent justifiable suspicions, when the subject is in a condition of irritable weakness, that ill-founded suspicion arises. Sometimes the suspicion arises from unhappiness, for which, instead of reproaching themselves as the melancholic do, they reproach others.

Often the delusions are created consciously by degenerates in whom judgment and intellect are weakened by natural defect. Outside the field of his delusions the patient may be clear mentally and have his reasoning powers unaffected. Such individuals are capable of considerable education, at times of brilliant acquirements, yet possessing a mental twist. They are often, at least in their own estimation, under-rated geniuses. Anyhow, they show unusual association of ideas, see things in new and strange relations, but are unable to make the new thoughts useful. If capable of inventions, they can make suggestions that more efficient doers can carry out; but, as a rule, most of their philosophising refers to the welfare of a class or a race.

The patients retain full command of their powers of judgment, and in their better moments they succeed in ousting their strange thoughts and foolish fancies; but only temporarily, for they are sure to return with more persistence than ever. The subject goes about his ordinary business, and appears only odd in manner, or a little eccentric in certain ways for a long time before any one really recognises his condition or suspects that anything whatever is seriously amiss. In this way the patient's life becomes a constant struggle between hesitating doubt of his false ideas and the self-assertion of his better judgment. Gradually the struggle ends in favour of the disease, and the patient, losing self-control, may openly accuse people of staring at him or otherwise annoying him. When this condition is reached, he becomes extremely sensitive regarding the motives of other people. Even acts of kindness or affection may appear to him as insults, and silence itself is an offence. To these imaginations

the patient adds a review of his former life, persistently dwelling upon slight oversights and insults which he may have received until he becomes convinced that he has long been a victim of a systematic persecution. Little by little the misconceptions and false interpretations assume greater power; doubt is strengthened by various accidental proofs; snatches of overheard conversation now convey certainty. He now accepts his delusions as realities; feels himself an object of persecution, though as yet he may not definitely attribute it to any individuals. The person soon believes that the outer world has altered its relation to him; everything is seen in an unfavourable light; a spell which he has no will-energy to overcome is upon him; everything is a burden.

Hallucinations of hearing now commence, first vaguely as sounds or noises in the ears; little by little the sounds resolve themselves into distinct voices, words and finally complete sentences and long conversations are heard by the patient. These voices abuse and insult him, and sometimes he hears other voices raised in his defence. In the vast majority of these cases the voices are inimical; they threaten his person, they slander him in every manner, or excite him to stab himself, or to commit suicide in some other way. One by one his actions are repeated aloud to him; even his secret thoughts are filched from him and made audible. The voices pursue him continually; in the roar of the street or in the stillness of the night equally are they heard. They follow him wherever he goes, disturbing his sleep by constant presence.

It is under the persistent influence of hallucinations of hearing that the delusions become systematised. First, they are indefinite, but gradually the patient comes to believe that he is the victim of a conspiracy on the part of some public bodies, or secret societies, or even of supernatural agencies. Frequently the suspicions become directed against a particular person, who, being in complete ignorance of the patient's delusion and hatred, is off his guard, and thus does not perceive that he is in danger of being a victim of revenge.

Later, hallucinations of taste and smell may cause the patient to think that attempts are being made to poison

his food; or that noxious vapours are injected into his bedroom, so that he carefully stuffs all the keyholes of the doors and any other opening. There may be also hallucinations of general sensibility, which he attributes to electricity, magnetism, wireless telegraphy, hypnotism, or other physical or spiritualistic agency.

It is exceedingly rare for the patient to see his persecutors; hallucinations of sight belong rather to the alcoholic than the paranoiac. The sensations come from behind the walls or through the ceiling, beyond the reach of the visual apparatus. From their invisibility the sufferer infers that he is the victim of the machinations of secret cliques, of nihilistic societies, of priests who have banded together for the purpose of tormenting him for their own ends.

It is very exceptional for the hallucinations or delusions to take on an agreeable form, even temporarily; in nearly every case they are painful or disagreeable. The irritation caused by the combination of hallucinations frequently gives rise to attacks of excitement. It is at this stage that the sufferers not infrequently fly from their imaginary persecutors to some place of supposed shelter or seek the aid of the police, and their insanity is then recognised.

At first the wretched person quits his place of work under the belief that his associates taunt him, spy on all his acts, and are in league to drive him from their midst. A new field of labour is undertaken, and for a time all goes well; the suspicious attitude, however, is maintained, and it is not long before the same difficulties are experienced anew. He leaves and tries another place, and another, with the same result. Either he is afraid of his new-found friends after a few days or weeks, or he thinks that his former enemies can reach him in his new sphere.

In this, the passive stage of their conduct, the patients are on the defensive toward the delusionally conceived external world. They avoid it, shut themselves up in their rooms and change their dwelling frequently. They cook their own food or live on raw eggs, treat themselves with antidotes, flee to foreign lands, or take other names in order to save themselves

from their persecutors. Then the condition grows more and more painful, becoming unbearable. They change from their passive state ; but before they become dangerous they usually give premonitory signals of the approaching storm, which, however, only too frequently remain unnoticed. They threaten their supposed persecutors and apply to the Courts for protection, until, sadly convinced that their efforts are vain, they are forced to defend themselves. At this stage the patient is extremely dangerous.

It is at this stage that the innocent remark of a chance passer-by in the street or elsewhere may provoke a violent attack. When committed, the crime is rarely secret, but done openly before witnesses ; upon being seized, the aggressor justifies his act, and even gloats upon his success in removing one of his enemies.

Whereas the melancholic accuses himself and searches within himself for reasons of his unhappiness, blaming his own sins from an excessive sense of conscientiousness, the paranoiac always blames others. It is their wickedness, their conspiracy, that makes him suffer.

In some the mental powers now weaken. In others the persecutory ideas are eventually relieved by the rise into the sphere of consciousness of a delirium of an ambitious nature. This change in the personality is achieved either suddenly or gradually. The long persecution, together with the influence of the consoling voices, eventually give the patient the conception that he must be a person of some consequence, and has been persecuted from envy and jealousy because of his great mental endowments, his exalted position, his great wealth ; or delusions of a religious character, in which he is the world-saviour, a prophet, the special object of divine guidance, or that Providence has in view some secret mission for him to perform, and other delusions of a like nature are conceived in his disordered imagination.

In dream or half-sleep he is visited by supernatural or celestial personages, and possibility becomes certainty. Castles in Spain of the most improbable order fill the mind of the patient. Whatever false beliefs develop, they are persistently held, and are finally woven into a

plausible system. A large number become inventors of complicated electrical and perpetual motion machines, the latter being a favourite subject for the exercise of their ingenuity; or they invent firearms capable of being discharged a thousand times a minute. Some pose as reformers of society, and, having retained considerable power of logical thought, they may receive support until their delusions become too palpably absurd. Others, especially women, become religious devotees. They attend revival meetings, become excited, and are given to excesses of every kind, provided only that they can be indulged in under the cloak of religion. In the ardour of their fanaticism they slight household duties, neglect the members of their family, and forget meal times. In others there is erotic excitement. The gist of their delusions lies in an imaginary love which has been aroused in some person of the opposite sex, usually much above the patient's own social standing. As a consequence the desire is ordinarily of a secret, mysterious, and platonic character, the actual excitement finding vent in perversions of the natural instinct. They are usually society-shunning individuals, who look upon members of the opposite sex from a distance, and form romantic ideas not only about them, but also of their own personal qualifications. All communications between them are necessarily in secret fashion. Every peculiar toilette, a chance word overheard in passing, or the waving of a handkerchief have for such individuals a peculiarly romantic meaning.

The grandiose ideas of the paranoiac, while equally as absurd as those of the general paralytic (Chapter XXII), differ from them inasmuch as they are of a fixed character, lasting over months and years, in contrast to the daily changing phantasmagoria of the paretic; and in the partly retained intelligence of the paranoiac, who will attempt to defend his delusions and do so ably, while the paretic will state them as facts incapable of being disputed.

Like the delusions of persecution, the delusions of ambition, pride, grandeur, power, and wealth are well defined, systematised, and definitely expressed. They gradually become more extravagant and mystic, and are the index of a further advance towards general mental

deterioration. When this stage is fully entered upon, the patient is generally less dangerous than when in the suspicious stage.

As time elapses the hallucinations and proud and grandiose concepts become less and less prominent; the wrath of the heavens is less frequently called down upon the head of any one so unfortunate as to contradict their statements; the patients become quieter, somewhat apathetic, and, without being reduced to a condition of real dementia, have for ever lost the finer edge of their faculties evidenced during the troubled life of former years.

The dementia in this disease is in the form of mental weakness of a mild kind and of intellectual degeneration, in which the patients retain their physical activity and their power of conversing in a rational manner on various subjects outside their delusions. But after a sustained conversation the patient's intellectual power will often be found to be exhausted, as shown by a tendency to wander from one subject to another, and a slight incoherence of ideation. The disorder may be arrested at any stage. Many people who go through life as eccentric are possibly only aborted cases of paranoia, in whom the progress was checked in the early stage, and modified into a sort of crankiness and eccentricity, not pronounced enough for them to be commonly reckoned insane, but sufficient to make them noticeable as odd in behaviour and generally peculiar. They learn, however, to control their conduct and conceal their feelings to a very large extent, so that their real mental condition is not betrayed, except by some habit of writing or speech when they are off their guard.

Many assassins are men suffering from a form of paranoia, and, misguided by political obsessions, they think themselves persecuted and called upon to act the double rôle of judiciary and martyr, and to kill some great personage in the name of Liberty.

Another well-marked variety is the litigious paranoia, the "Querulantenwahnsinn" of German authors. This form is usually first apparent in its subjects after some disappointment in a law-suit, which apparently forms the foundation for the building of delusions in the unstable mental organisation.

These patients, notwithstanding the fact that they have good intelligence and complete lucidity, are so infatuated and devoid of moderation in the judgment of their own interests that they are unable to recognise the limitations imposed by the interests of others and by the precise terms of the law, and, interpreting the law in entire good faith, but with all sorts of bias, they plunge into ruinous and endless litigation. They are continually starting suits at law and demanding justice. They never recognise the true relation of things, and they build up extensive delusions as to the rights they are deprived of and the wrongs they have suffered. The disorder may be considered as a special development of persecutory insanity, and is to some extent associated with the ordinary delusions of persecution.

The disorder arises from colossal egotism which misconceives the rights of others, tends constantly to the assertion of personal rights, and reacts to an actual or supposed injury to personal interests in the most violent way. These patients early attract attention by their selfishness, irritability, their clamorous demands for justice, their infinite over-estimation of self; and by reason of these characteristics they are constantly in conflict with others. Even when the intellectual endowment is above the average, there is a defect in the power of reproduction which makes facts reappear in consciousness in a distorted light. They take a curious pleasure in pettifogging legal processes.

The exciting cause of the actual disease may be any lawsuit in which the individual has been defeated; or may be the mere rejection of his assumed legal rights, which are, in reality, audacious assumptions. They fall into a passionate state of feeling as a result of the presumed injury to themselves, and have only one purpose in view—the restoration of their imagined injured rights. Putting faith in their abnormal over-estimate of self and their own power, and without trust in lawyers owing to their abnormal suspicions, they devote themselves to the acquirement of knowledge of the law and legal procedure. Armed with these weapons they besiege the courts, write accusations, and make appeals wherever possible.

With the repetition of lack of success in their efforts, and the consequent disappointment, they become more and more bitter, have less insight, and lose what remains of clearness of thought. Instead of recognising that their suit was unsuccessful because it was unjust, these patients, owing to their mistrust, seek the cause of their failure in partiality and venality of the judges; and in harmless events they find proofs for this conviction, which becomes more and more fixed. Then the last restraints disappear. Their constantly more voluminous recriminations, requests, and denunciations are filled with invectives and insults to officials. They now look upon themselves as martyrs and dupes of the Law; all legal procedure was only a parody of justice. With insane obstinacy and pettifogging logic these individuals now oppose not only justice, but the law which has given judgment against them. They refuse to pay fines, indemnities, taxes. They attack the officers of the Law and call the judges of the State thieves, scoundrels, and perjurers. They feel that they are in the state of war against suffering justice and its evil interpreters, as champions of right and morality, as martyrs of brutal force.

Usually for a long time such patients are misunderstood by the laity and punished, for in spite of the absence of insight into the foolishness and irrelevancy of their manner of action, they possess a remarkable amount of dialectic power and knowledge of law, and are excellent advocates of their affair, which unfortunately is of an insane kind. Hardly have they been punished than they commit again the same misdemeanours, which are, for the most part, insults to officials, disturbance of public order, and contempt of court.

There are many people in the world who have grievances real and imaginery, and strong over-self-appreciation, yet who are not insane. Many genuine inventors, philosophers, artists, poets, and others, placed in unfavourable circumstances, may have been robbed of the fruits of their works by some unscrupulous person, or else may have failed to attract any attention and, in consequence, formed an unfavourable or delusionary view of the world, against which they take an antagonistic stand-

point in consequence of their misfortune. Even the idea of conspiracy may not be totally unfounded, or at least an unreasonable suspicion. How often is an inventor or discoverer, who is more outspoken than is agreeable to established cliques, boycotted by the official authorities and official journals. His opponents might say that he over-estimates his own importance, or deny there is any such organised obstruction to the recognition of his work, and so the man might be held to be labouring under a delusion and suffering from a mental disorder, whereas, on the contrary, he may have a sounder and clearer brain than his critics, to hold his own in the face of adverse circumstances, as is often shown when ultimately success comes to him. But if he should be unable to hold out, and should find death preferable to the prolonged battle against organised deceit and hypocrisy, the verdict would be that he was insane. On the other hand, since only the highest quality of nervous structure is capable of the finest work, a man who has suffered in the manner described may really break down and then exaggerate his own worth and his grievances to such an extent that he becomes mentally deranged. It is only when the delusions are so extravagant that their absurdity would at once be gauged by persons of ordinary intelligence that we are justified in presuming insanity.

CHAPTER XXII

STATES OF MENTAL ENFEEBLEMENT

GENERAL PARALYSIS, DEMENTIA PRÆCOX, PRIMARY DEMENTIA, AND SENILE INSANITY

GENERAL PARALYSIS (*DEMENTIA PARALYTICA*)

THIS is a very common disease of the nervous system, and particularly of the brain, occurring during the active periods of life, characterised on its psychic side by a usually marked and generally progressive dementia, ordinarily attended with an expansive emotional condition; and on its physical side there are paresis, inco-ordination, and other phenomena. Unlike most mental disorders it is accompanied by gross changes in the brain, chiefly in the frontal region, which tend to produce more or less complete dementia, motor and sensory paralysis, and ultimately death. The mental phenomena by themselves do not constitute general paralysis; the physical signs must be present as well. Because of the fact that the paralysis involves sooner or later nearly every muscle of the body it is called "general." This paralysis may show itself at the same time that the insanity is manifested; it may precede the mental derangement or it may be subsequent thereto. The latter is much the more usual order. It is a hopeless disease, but there are prolonged remissions in certain cases. It is much more common in men than in women, and, although authorities vary in their views concerning its causation, it is coming to be pretty generally believed to be due to specific disease combined with physical and mental stress. The poison of syphilitic disease, the presence of which can be tested by the now famous

discovery of Wassermann's reaction, has so exhausted the nerve cells and deprived them of their vitality that they succumb readily to degeneration on any unusual stress, and this degeneration is accelerated by auto-intoxication.

The most suspicious of all the circumstances, which may indicate the inception of general paralysis, is a gradual but obvious alteration in the mental characteristics of the individual. In the great majority of cases changes in the character of the patient, as well as certain bodily symptoms, are observable by the people with whom he lives.

A general state of exhilaration, different from the patient's ordinary manner and feeling, may exist for several months or even years before any more obvious symptoms make their appearance. No one, in his own opinion, was ever in a better state of health than he, no one more successful in business, no one happier than he. He does things which are not in accordance with his disposition or faculties of the mind as they have been previously manifested. He contracts friendships with persons whom every one is certain he would have avoided but for the change which is coming over him ; he makes investments such as no prudent man would make, or throws away his money on useless objects. Unnecessary purchases may also be among the first signs noticed. The multitudinous, extravagant, and impracticable business ventures in one formerly astute in these matters are often the first indications that lead his friends to surmise that the man is insane.

At home he is irritable and loses his temper over trifles. He harasses in every way those who are about him, gives them impossible orders, and then abuses them if he is not at once obeyed ; he is whimsical at his meals, his likes and dislikes are changed without adequate reason, and he either eats and drinks voraciously or declares that nothing is cooked to suit him and rises from the table in a rage. At times he sheds tears over the veriest trifles, and often for no reason that he can allege. Sometimes a sudden outbreak of violence may be the first definite indication of aberration, but the budding paralytic is rarely vindictive. Although easily roused to

anger, he is easily calmed. Being in his own estimation superior to every one, he can afford to pity and forgive.

But of all the prodromata, failure and decay of the moral sense are the most important, and are exemplified by acts of omission and commission against law, order, and propriety. He may perpetrate frauds of various kinds or pilfer whatever he can lay hands on, and without adopting the means of precaution which the common thief would use to prevent discovery. Moreover, the articles he steals are not in general of any use to him, and are thrown aside as soon as he has them in his possession.

The idea of propriety in the everyday affairs of life seems to be lost, and the patient will commit all kinds of indecent and obscene acts under circumstances which are almost certain to result in detection and without appearing to be aware that he is doing anything unusual. He becomes regardless of his personal appearance, neglects to change his linen, appears in public half-dressed, and indulges in other similar conduct, when previously he has been noted for scrupulous attention to all matters of cleanliness or etiquette. His sexual excitement may result in rape and acts of indecency. The patients refer to what they have done and to the possibility of what they may achieve in the future in exaggerated language; but, except for effect, they very rarely embellish their statements with actual facts. Another feature often noted is a forgetfulness from one day to another of the ordinary duties and details of business or household affairs, which leads to acts inconsistent with former conduct and apathy to the ordinary claims of family or friends. In other cases, instead of overweening complacency, the disease may commence with gloom and despondency, but the depression is only of short duration. There is always present a certain amount of mental weakness and confusion, a sign of the commencing dementia.

As the disease becomes more fully established, the most prominent symptom is tremor of the lips and tongue, which causes an embarrassment of speech when the patient comes to pronounce a more than ordinarily difficult word. The tremors gradually involve, besides the muscles of facial expression, those of the limbs, hence

writing and mechanical work, even to those formerly skilled in it, become difficult of execution. Peculiar anomalies of the pupils of the eyes are also present at this stage, chief of which are sluggishness and immobility to light. The deeper reflexes may be exaggerated or lost, and sensation may be deranged.

These physical signs, together with the alteration in the whole character, are safe signs of general paralysis.

With the increase of the physical weakness, the mental weakness gets also more pronounced. The patient will make astounding claims. He is stronger than Hercules, literally able to move mountains; he can build bridges to the moon; he has a million horses; can make diamonds by the bucketful. These exaggerations sometimes continue until speech becomes unintelligible and the patient is too weak even to feed himself.

His emotions too get very unstable, and he can be easily made to laugh or cry. At the same time a pathetic optimism continues. He feels "fine" or "first-rate" even to the last stage of the disease.

As the disease still further progresses, attacks of violent mania may set in, and when the storm is over he is no longer capable of rational judgment on any point. The dementia is now complete. The patient is no longer cognisant of his disorder, but lives in an unreal world dominated by his exalted or otherwise affected emotions. These patients are kings, queens, or whatever their prior environment and education has taught their imagination to fancy. More rarely there are attacks of depression with terrifying delusions.

The muscular weakness, tremors, and inco-ordination become more pronounced. The simplest movements, such as tying knots or buttoning clothes, are now clumsily executed, and walking and eating are attended with considerable difficulty. Even deglutition may become difficult. Convulsions and apoplectic attacks occur. Exhaustion and emaciation increase, and death is the end.

PREMATURE MENTAL WEAKNESS (*DEMENTIA PRÆCOX*)

We have now to consider patients in whom the early years of life may present nothing abnormal, some in-

dividuals indeed showing promise of quite exceptional mental ability, yet who, as they approach adolescence, manifest intellectual arrest, with insane and sometimes alarming conduct, followed by permanent mental arrest. This disease is undoubtedly developmental, and essentially the outcome of a neuropathic constitution. It occurs usually between the ages of 16 and 22 years. It is more common in the male sex than in the female.

Persons who develop dementia præcox as a rule have defective heredity, and manifest a tendency to keep by themselves, or to be over-religious, or to indulge in day-dreaming and immature philosophising. A lack of appreciation and a general inefficiency seem to characterise their course in life. It affects the better educated and highly strung at the period of adolescence. Amongst the poorer and agricultural classes it is comparatively rare. It is a disease of civilisation in which the original nerve vitality of the individual is limited and the powers of resistance prove unequal to the strain to which the brain is subjected before development is fully completed.

In the milder cases the symptoms are so imperceptible and so little troublesome that they are rarely submitted for medical advice, but are looked upon by their friends as evidencing unfortunate defects in character and conduct. The first chief sign in such cases is an inability to perform the usual work or mental tasks with the same correctness or facility as formerly. There is a lack of application and a general inefficiency. Although there may be no apparent lack of endeavour or industry, there is a defect in attention and concentration, with mental powerlessness. All volition is interrupted, remittent, or spasmodic ; yet their comprehension is preserved.

Another characteristic of dementia præcox is an unimpaired memory. The memory of past events, especially of school knowledge, may be surprisingly good, even when the patient is very much deteriorated. Of course, when such patients have not used their knowledge for many years, they forget part of it, but not more, or even less, than does a sane person who has not exercised his mind on given things for a long time. But while there is the recollection of knowledge previously

acquired, there is a curious weakness of judgment and loss of interest. The patients are silly, often constrained and affected in manner; such mannerisms are not met with as constant accompaniments in any other mental affection. They express many absurd ideas, chiefly of a sexual and a religious nature. Their beliefs are likely to be mystical; they are inclined to attribute their morbid sensations and experiences to the influences of others who affect them in some occult way. The most improbable beliefs are held unquestioningly. There is also from time to time a tendency to fits of depression and despondency, or to uncontrollable excitement, or to argumentativeness or irritability. There may be delusions of persecution, even very pronounced; the patients may speak of them, but they do not get excited as does the paranoiac (Chapter XXI). In dementia præcox the mental weakness is the characteristic symptom, and the delusions, if any, are secondary only; whereas in paranoia the delusions of suspicion and persecution are the chief symptoms and the mental vigour is retained, so that the person can follow his occupation until his conduct draws attention to his state of mind. In dementia præcox the patients may seem unconscious of their whereabouts or of the identity of their associates. They may speak only in monosyllables or in a continuous repetition of certain words or phrases, or make irrelevant replies or persistently refuse to speak for weeks and months at a time, giving the impression that they do not appreciate what is happening. Yet when this phase of the disease gives place to another, they may tell accurately much that happened during the period when they appeared oblivious to everything. Self-absorbed, unconcerned, apparently feeling neither joy nor sorrow, they often stare for hours into vacancy, wholly occupied with the hallucinations that are so prominent an accompaniment of this disease.

Silly laughter without any appreciable cause is frequently seen. Periods of unprovoked anger are common. They fly at the other patients, break furniture, destroy clothing, and so on, without any purpose. These persons are apathetic in the performance of their accustomed tasks, indifferent to the sorrows of their friends, and

often either irritably obstinate and resistive or utterly unresponsive to all efforts made to awaken their interest in things about them. Others may obey simple directions or requests, and many can be trained to do useful work in a routine way.

The main underlying mental symptom is a progressive mental weakness and confusion which tends to terminate in dementia. During the course of these events the patient's memory remains fairly good ; he is quite conscious of his surroundings, and is able on the whole to converse rationally and intelligently ; but his conversations are apt to deviate into foolish bombast or extravagance.

The patients appear to be aware of their mental disturbance and incapacity, but no regret, no care or fear for the future, for a moment dims their serenity. They become indifferent, stupid, foolish, and improvident, and the will-power is affected either in the direction of a foolish obstinacy or a no less foolish facility.

The course of this affection may be arrested at any stage after a few months or years ; but it always leaves behind it a permanent degree of mental incapacity, which lasts during the remainder of the patient's life. The mental powers are so enfeebled that most of these patients are totally incapacitated from ever again doing useful work, in spite of the fact that their memory and perception are almost unimpaired. Even in those cases which apparently do recover, careful examination will usually reveal some degree of mental enfeeblement which was not previously present. Many blasted careers, blighted prospects, and inexplicable life failures result from this disease. Large numbers of beggars and tramps, drunkards, prostitutes, and criminals in one stratum of society, and of eccentrics and borderland cases in other social strata, are the victims of dementia præcox.

PRIMARY DEMENTIA

By dementia is meant a permanent state of mental enfeeblement—that final wreckage of mind which permits no opportunity of salvage. By primary dementia is understood a form of mental derangement characterised

by a more or less complete weakness of the faculties of the mind, not secondary to any other form of insanity, but beginning as such in an individual previously sane. It is to be distinguished from secondary or terminal dementia—that variety of mental derangement in which there is a decay of the faculties of the mind as a consequence of some pre-existing form of insanity. Secondary dementia is the common goal of the great majority of the chronic insane in our asylums. Originating as it does from the partial conversion of another species of mental aberration, it retains more or less sharply the characteristics of the disease from which it has been derived. Hence tendencies to excitement, tendencies to depression or confusion, illusions or hallucinations, may be present.

Primary dementia is a rare form of mental enfeeblement. In its acute variety there is a suspension of all the intellectual, moral, and instinctive faculties—in fact a mental stupor, without either depression or delusion. Ordinarily, the blunting of the mental powers is a gradual process, the patient evincing less concern than formerly in passing events or in those things in which he would naturally be supposed to be interested, such as his family, his business, his food, his dress, etc. The higher mental faculties, those which are added latest in the scale of civilisation as the result of refinement and education, are the first to deteriorate. Soon all the intellectual powers are degraded. Attention is enfeebled, memory is impaired or even destroyed, and in consequence judgment is incompetent and the controlling power over the emotions is weakened. Dates, places, words, events, are forgotten. Even in the simplest matters he cannot arrive at a determination. Indeed, he does not make the attempt. If left entirely to himself, he would, in the extreme stage of the disease, do nothing whatever. If asked to rise, walk, or sit down, he acts as a matter of course in accordance with the directions given him, provided they are commands which are to be obeyed at once. Otherwise such commands are forgotten almost as soon as they are given. Once the disease is well established, the patients become incoherent. Sometimes they tend to repeat one act or phrase almost indefinitely. Sometimes they display excessive joy or

grief at the occurrence of what, to persons of normal mind, would be slight disturbing causes. Tears are therefore shed over the veriest trifles, and violent laughter will be indulged in at circumstances which have little, if any, of the element of mirth about them. At times the individual laughs when he would naturally cry or at least feel sorrowful, and sheds profuse tears at some circumstance calculated to excite risibility in others. Mental ruin and often moral degradation are very marked. Such patients neglect all the proprieties and decencies of life. The expression is vacant, with fleeting traces of emotion, easily aroused and quickly disappearing. There are defective nutrition, a lean body often with a voracious appetite, and frequently a persistent attitude or habit of posture.

Primary dementia is characterised by a stuporous condition without any feeling, and must be distinguished from the melancholic stupor, which develops out of ordinary melancholia (Chapter XIX), and in which there is a painful state of feeling. In the first there is the demented, stupid expression ; in the other an apprehensive, strained expression. In primary dementia there is a relaxed attitude and no resistance ; in melancholia with stupor, on the other hand, there is a peculiar state of tension of the muscles, which is greatly increased by efforts to make passive movements. In the former case consciousness is absent with forgetfulness for the period of disease, while, in the other, consciousness is occupied only by painful ideas, and there is quite perfect memory of the events of the disease. In the first case, again, there may be inability spontaneously to take food from want of understanding, while in the other there is positive refusal of food on account of delusions and feelings of repugnance. In the first case sleep is usually good, while in the other there is sleeplessness. Lastly, there is uncleanliness in primary dementia and as a rule cleanliness in melancholia.

SENILE INSANITY

A certain degree of decay of the mental powers is a natural consequence of advanced age. It may therefore,

within certain limits, be considered a normal change. With the majority this amounts only to the loss of a certain power of mental assimilation for the events of to-day, with a constant reversion to those of youth and early middle life, which stand out in very clear perspective. To these infirmities are added a certain degree of forgetfulness and a loss of the power of logical constructiveness.

There are some who lose in virtue, and there are others who only lose some faults. Both conditions are due to a process of simplification of character. Some become petty, headstrong, selfish, and tyrannous over persons whom they unfortunately have under control; they lose all feelings of affection, take a dislike to their own children, and deny them what they require. With the greatest tenacity they cling to their wealth and maintain their authority. They become selfish, and cease to take an interest in anything save what happens within their immediate surroundings. Others become over-indulgent over-generous, and childish in their simplicity. They have lost some of the baser passions. To this change of character may be added intellectual enfeeblement, particularly forgetfulness.

On the other hand examples are constantly met with in which the mental faculties are maintained intact to a very late age. Therefore old age of itself does not cause the mental infirmities with which it is so frequently associated. The subject of senile insanity must first of all be hereditarily predisposed to the psychosis or have arterial disease, or he must be the subject of syphilis, alcoholism—either acquired or hereditary—or some other conditions which act directly or indirectly upon the nervous system.

The first symptom of approaching dementia is almost always such a degree of loss of memory as to cause confusion about time and surroundings. There is a want of understanding of the general situation, a vacuous cheerfulness, delusions associated with a certain sense of illness, and, above all, a profound failure of attention to present impressions. Often there is a complete change of character and a lack of carefulness and tidiness in regard to personal appearance and habits, with finally

a complete disregard of propriety and decency, the same as in other forms of advanced dementia.

Throughout this evolution of a senile dementia the individual's own personality is always uppermost; his eating, drinking, difficulties of digestion, the daily alterations in his corporeal perceptions, good or bad, are always uppermost in his contracting mind, and the perpetual brooding over trivialities induces mild hypochondriacal and melancholic states. Events that do not directly concern himself, in his eyes, are of no consequence.

In his temperament he often shows a curious compound of silly mirth and tearful depression, mingled with increasing complaints of the lack of attention received from those who should care for him in his old age.

Another common and characteristic symptom is the excitement or perversion of the sexual impulse, as a result of which grey-haired old men may make indecent assaults on children or suddenly fall in love with young girls. If they die soon afterwards their "vices" are held to be the cause, while really the whole history, and their death, was the result of senile brain changes.

Melancholic depression is by far the most common form of acute mental disturbance in old age. Delusions of personal unworthiness may occur, or that the patient has lost his property and destitution is approaching him. In other cases delusions of a religious nature predominate. Suicide in this state is more common than at any other single period of life. Melancholic indications in the aged are of serious moment, as they ordinarily mark the beginning of the period of active decay, ending in a more or less permanent dementia.

Mania in old age is far less common than melancholia, and is rarely severe. There is incessant motor excitement, the patient making continuous, aimless movements. Incessant garrulity is another symptom, and hallucinations may occur. Erotic tendencies and revolting language are common. The tendency after prolonged excitement is towards dementia.

Of the various delusions that afflict the senile insane, those of persecution are the most usual, and are an outcome of a certain well-recognised mistrust and suspicion. The enemies and persecutors may be members

of the patient's own family. Cases have occurred where such delusions have led to disinheritance of children, and the apparent mental soundness on other points has defeated all attempts to upset the will and remedy the injustice. There is scarcely any foolish act that may not be committed by those suffering from some of the forms of incipient senile dementia. Patients of this kind often become the victims of designing women, and make silly marriages, to their own and others' disadvantage. The chief characteristic features are a weakened judgment, a lack of control of impulses, a childish caprice, and often a marked ethical insensibility.

TESTAMENTARY CAPACITY

A few observations as to the mental capacity of a person at the time of making his will may be appropriate here.

The physician will have to see whether the patient fully understands what is put before him, and can express assent or dissent with certainty, whether by articulate, written, or gesture language.

A man may make a valid will, if he understands the nature of the act and its effects. He must know that he is agreeing to the disposition of his property after death. He must possess, at the time of executing his will, a memory sufficiently active to recall the nature and extent of his property and the persons who have claims upon his bounty, and a judgment and will sufficiently free from the influence of morbid ideas or external control to determine the relative strength of those claims.

A person may think correctly and sensibly, and may yet readily yield to inducements strongly presented to his feelings, giving way to outside influences. Sound-minded people may and often do ask advice in the final disposition of their property, and the result is very likely all the better for it. Such advice may be needed the more when the mind is weakened by nature or disease ; but when thus obtained, it is viewed by the law with suspicion, and the dominant question is, whether or not the testator has been subjected to *undue influence*, because sound or unsound, strong or weak, his will must be his own will, and not another's.

Defect of memory is a very serious bar to will-making, but if the person recognises his loss of memory, and acts in a way consistent with his past expressed intentions, the will may be upheld. If the testator does not recollect the number of his children, or whether they are living or dead, he may easily make a revocable will; or there may be some loss of memory leaving in him a false impression of the conduct of some person. In cases following shock or injury, a partial defect of memory may interfere with due capacity; thus I have seen a man who, after concussion of the brain consequent upon a railway accident, had forgotten that he was married and would not acknowledge his wife.

Delusions are looked upon as very strong points against testamentary capacity; but, unless the delusions have some direct bearing on the property, or on the relations of the testator to his friends, or to society, a jury will not pay much attention to them.

Besides loss of memory and the presence of delusions, we have to consider the various forms of *weak-mindedness* which are a bar to testamentary capacity, not only because of the mental deficiency of the testator, but because such feeble-minded persons are particularly subject to undue influence. The mental weakness may be due to previous attacks of insanity, or, in previously sane people, to apoplectic seizures, which generally leave some mental defect, besides depriving the patient in some cases of the capacity of speech.

As regards *insanity*, no one expects, of course, a person in the acute stage of mania to make a will; he would have no desire, nor would he be competent to make one. The only question that can arise is as to the competency of a patient during a *lucid interval* of a few hours or days when the mind is restored more or less to its normal clearness. To the common eye, any remission in which the patient is tolerably calm after being violent, and answers a few questions rationally, seems like a lucid interval, but that the mind is absolutely sound and working normally during such remission no expert would assert. We do not refer, of course, to the really lucid intervals of periodic insanity (Chapter XX), and the interval between relapses after apparent recoveries.

CHAPTER XXIII

MENTAL DISORDERS DUE TO INTOXICATION

ALCOHOL, OPIUM, AND COCAINE POISONING

THERE are certain forms of mental disorder due to the toxic effects of alcohol or drugs. The manifestations depend upon the quality and character of the poison taken, upon the susceptibility of the one taking it, and upon the length of time the patient has indulged in the use of the poison.

ALCOHOLIC INSANITY

In quite small quantities alcohol acts first of all as a stimulant, puts the person in an agreeable frame of mind, fires his imagination, and gives vivacity to his conversation. That is why it is given at dinner parties. It puts the guests in good humour, in a happy frame of mind, and makes them more attractive to one another. The stimulant effect does not last however, it is only immediate. Alcohol soon ceases to have a stimulating effect and acts as a sedative, giving repose to the body and a quietness to the mind and conscience. It is to produce these latter results that it is taken by people in misery or trouble, not as a stimulant, for then it would increase their sadness, but rather as a sedative to their feelings. Those persons who have not had a happy life find a glass of wine a pleasant companion ; it causes diminution of sensibility, drowns their trouble and grief, and, if it does not give complete felicity and forgetfulness, it dulls thought and obscures the painful feelings. They know that they may feel a little stupid, but they also know that all things they may view will appear in a rosier light. The man drinks because it makes him

cheerful, modifies the course and colours of his ideas, and gives him forgetfulness or sleep.

When taken in larger quantities, alcohol lowers all the functions of the body, producing loss of sensibility and of motor power, and may produce temporary paralysis. The anæsthetic effects of alcohol are well known, as for instance in the case of a drunken man in a quarrel, who is quite insensible to the blows or other injuries he is receiving.

When alcohol is imbibed freely, we have first of all slight excitement and a feeling of well-being, in which speech and gestures become more animated, resembling very much the state of hypomania (Chapter XVIII). There is at first a paralysis of the inhibitory apparatus, the loquacious stage, when the person becomes talkative, gay, and lively; he thinks he is very funny and even witty, when perhaps he is uttering the most commonplace remarks or reiterating the most absurd statements. The general expression becomes one of silly self-satisfaction, with a fatuous smile, which may be blended with a look of astonishment. The ideas become crowded together and confused. The curb which fear of public opinion puts on the free expression of emotions and ideas and the veil which hides the real moral dispositions are removed, whence the justification for the saying *in vino veritas*. There is interference with the processes of thought, ideas succeed each other so rapidly that there is no time to arrange them in orderly sequence. The emotions get unstable, the mood becomes, without any very obvious reason for the difference, gay or sad or full of tenderness. Whether the excitability will tend towards joy, melancholy, or anger depends on the environment. The person laughs sometimes at the least little thing; weeps or grows sentimental or maudlin; gets angry at the slightest cause. He may be argumentative and even pugnacious; he becomes profane, obscene, abusive, threatening, and may be violent. The exaggerated feeling of strength and well-being soon passes; his movements are poorly controlled; his gait becomes staggering and his speech thick.

So long as the person is seated he may speak and discuss subjects quite distinctly and rationally, and yet, when

he attempts to walk, he may not be able to take one step, in fact, may not be able to stand. On the other hand he may be able to walk quite steadily, yet be unable to articulate one word.

This particular stage of drunkenness often leads to considerable difficulty in police-court cases, for the person in this condition has lost control of the muscles of locomotion, but has control of the muscles in connection with speech, and, having steadied himself against the counter, he can speak coherently and quite distinctly. The policeman, having seen the staggering gait, swears that the man was drunk; the bar-attendant, having heard the clear speech, swears the man was sober, otherwise he would not have supplied him.

A little later the conduct becomes more and more reckless; his smile, a besotted grin; his intellect more and more dulled; a temporary paralysis may supervene, the person becoming insensible and unconscious. After sleep he wakens with headache, weakness, nausea, and loss of appetite.

It is related in an old rabbinical legend that after Noah had planted the vine that God had given him, Satan secretly watered it with the blood of a lamb, of a lion, and of a pig. The order in which these animals are named, though very likely without intentional significance, is interesting, for it corresponds roughly to the successive stages of acute vinous intoxication! First, the stage of mildly soporific euphoria; secondly, that of noisy, garrulous, and actively quarrelsome excitement; and lastly, that of bestial and abandoned lethargy. It is during the second stage that a very large proportion of all crimes of violence are committed, and the sudden and often explosive appearance of this phase is not at first sight apparent.

ACUTE ALCOHOLISM (*DELIRIUM TREMENS*)

Acute alcoholism generally follows excessive drinking in otherwise normal persons. What may be excess to one person need not be so to the other. Persons suffering from shock, distress, physical disease, accidents, or any brain effect, temporary or permanent, and lastly, persons

not accustomed to alcohol, may feel the effects of its intoxication after very small quantities, which would have no effect at all on the habitual drinker. Acute alcoholism generally develops suddenly. The chief mental characteristics of acute alcoholism are terror, mental distress, and confusion of ideas. Chief amongst the physical signs is a fine muscular tremor, most marked when the attention is distracted. If the movement is made rapidly, the alcoholic may carry a glass to the mouth without spilling the contents; but if the attempt is made slowly, the feat will be difficult of accomplishment.

The prominent symptom of acute alcoholism is the affection of the special senses, especially those of sight and hearing. Visual hallucinations are the most frequent, those of aural origin being second in importance, while a combination of the two is of common occurrence. Hallucinations of sight in this affection have the peculiarity that they generally appear in motion. The patient sees animals of the most repugnant description—cats, dogs, snakes, and spiders; and creeping things of every description are seen to emerge from the walls or floors or to creep along the ceiling, and not infrequently assume a threatening attitude. They are the cause of inexpressible terror, and form one of the most distressing symptoms of the affection. Hallucinations of sight are, however, not limited to those described, but may include apparitions of spectres, phantoms, assassins seeking for the patient's life, flames of fire, demoniacal forms, and strings, threads, and ropes which entangle the body are often felt.

Even more characteristic of alcoholic delirium are the delusions arising from perversions in the nervous functioning and manifesting themselves as burning sensations, formication, tingling, anæsthesia, or numbness over different portions of the cutaneous surface or electric-like shocks.

The alcoholic conceives these abnormalities of sensation as the result of the machinations of diabolical agents, of witchcraft, of mesmerism, of hidden electric batteries, and accordingly builds upon them a whole host of delusions, mostly of a persecutory type. He has fallen into the snares of inimical persons, who torment him for

their own ends, who restrict the free use of his mind, enslave his thoughts, and destroy every joy and pleasure of his life. Sometimes he has optimistic fancies, but even then they are intermingled with delusions of distrust.

Hallucinations of hearing are also common. The patient complains of ringing in the ears, sounds like the rushing of waters, musket shots, whistlings, or voices which threaten him with death or accuse him of imaginary crimes.

Hallucinations of smell and taste are more frequent in alcoholism than in other forms of insanity. They give rise to delusions of suspicion and persecution. The patient complains that his food is poisoned or that foul substances are mingled with it, that attempts are being made by enemies to chloroform him in his bed at night, that poisonous gases are injected into his room through the keyhole, and that foul odours pervade his apartments. Goaded by these persecutions, the pursued may turn upon his supposed enemies and attempt to kill or injure them.

The bearing of all acute alcoholics shows restlessness and anxiety. They cannot control their movements or keep quiet for more than a few moments at a time. They wander about their apartments, making violent attempts of an impulsive kind to escape from their imaginary dangers. Some of them rush unconcernedly straight in front of them, breaking or overturning any object which opposes itself to their flight.

Even during the height of the excitement the patients are conscious of the surroundings, although they require to be spoken to loudly and firmly in order to arrest their attention. Yet their recall to active consciousness is generally temporary, and they speedily return to the engrossing subject of their hallucinations. The memory of the patient usually remains intact, so that he is able to retail after recovery what had occurred during the period of greatest confusion in his illness, as well as the symptoms by which it was characterised.

CHRONIC ALCOHOLIC INSANITY

The continued excessive use of alcohol has its effects on the mental health in other ways than in producing

acute delirium tremens or alcoholic mania. Chronic alcoholism shows itself in gradual and progressive mental deterioration and in certain physical changes that show the deplorable effects of the poison on the central nervous system and on the bodily organs and functions.

The mental enfeeblement is slow, but progressive. At first the person feels unable to apply himself to the tasks he formerly did with ease, his mind wanders, he has a growing sense of fatigue; later he shows impairment of judgment, poverty of ideas, and gradual failure of memory. While forgetfulness is characteristic of all forms of chronic alcoholism, the loss of memory may be so prominent as to constitute a special form of the disease.

The characteristic sign of this type of the malady is the instantaneous forgetfulness of events that have only just transpired. Thus names, or the simplest sentences, repeated over and over again to the patient, are totally forgotten either instantly or after the lapse of a few moments, nor does there exist any possibility of their recall in the future.

There is marked enfeeblement of the will, so that there is not the power, and often not the desire, to rise out of the rut of habit. This enfeeblement of the will-power is not confined to the inability of the patient to resist his alcoholic craving, but extends to other matters as well, so that he loses his power of initiative and of asserting himself, and becomes incapable of performing any work, except according to routine, and so becomes the tool of other people, by whom he is influenced and easily diverted from his purpose.

The person gradually undergoes a change in character: he becomes untruthful, loses his finer sense of honour; he, little by little, grows lax about things concerning which he was formerly most particular. He becomes indifferent to his own interests, and regardless of the feelings or prosperity of his family and friends. He sees those depending upon him suffering want and shame, yet pursues his downward course, seemingly indifferent to their needs or their entreaties. Sometimes he falls so low that he will pawn the clothing his wife has earned in order that he may procure money to buy another drink.

Another striking feature is an unreasonable irritability, which frequently leads to outbreaks of passion of a blindly impulsive character, of which his family or his associates are often the victims. Wife-beating, inhuman treatment of children, attacks upon associates on the slightest provocation, are of daily occurrence during the stage of inebriety.

Along with the above symptoms, muscular weakness is apparent ; a fine tremor may come to be a pretty constant symptom, but coarser muscular twitchings also occur. Frequent headaches, dizziness, difficulties in speech and gait, are common, and convulsive seizures of an epileptoid character may appear. In the pronounced forms of chronic alcoholism we find a more decided blunting of common sensations.

The most diagnostic sign, however, is a painful condition of the nerves of the limbs—namely, neuritis.

Any form of insanity may occur in the course of chronic alcoholism, but the character of the insanity is always more or less modified by the chronic mental condition, which may be mania or melancholia, according to the predisposition of the patient.

The most characteristic and most commonly occurring form of insanity is mania of persecution, produced by hallucinations. Hallucinations of sight are always present in the alcoholic form. The patients are perfectly conscious, and suffer horribly in this disease. The prevailing delusions refer to the sexual relations and to poisoning. These delusions are so constant that, when a patient complains of attempts being made to mutilate him sexually, of the unfaithfulness of his wife, and of his food being poisoned, we are almost safe in assuming that alcoholism is the cause of his symptoms.

The effects of steady, hard drinking are, however, not always the same. Some appear to escape the condition described ; they retain their judgment and energy, and appear like good citizens and capable business men.

Many individuals undergo this complete change of character without openly appearing under the influence of liquor, and it may occur from a habit of secret drinking alone, which in some respects, and in some persons, is even more dangerous than the open habit. They cannot

be regarded as altogether escaping the effects of their habit, and sometimes a peculiarly characteristic form of alcoholic insanity may develop. They suffer only from a certain degree of irritability and suspiciousness, which they may be able to control in public, but with their families it is manifest. They misinterpret the simplest facts and build up complete delusions. One of the most frequent of these is that of conjugal infidelity, which is only the simple result of irritable jealousy, interpreting the natural disgust or precautions for self-protection on the part of the wife as the evidences of her unfaithfulness, and this, with the ill-balanced state from alcoholism, develops into a fixed delusion. This morbid suspiciousness, aggravated by intellectual weakness, builds up sometimes, from very trivial circumstances, new evidence in support of the delusion. Many a wife will face repeated danger to herself from a husband so insanely jealous, and only ask for protection if his threats or acts make her fear for her children's safety.

These delusions of marital infidelity, so common in the course of the disease, when once formed, are nearly always permanent, and are naturally the source of bitter strife and constant dissensions between man and wife.

The hallucinations and delusions foster irritability and roughness of manner and action ; the individual is ready to take offence even without provocation, believing that family and friends are hostile to him.

The outbreak of alcoholic mania is sudden, often coming on as the result of an overpowering sense-deception of mortal fear or of imminent danger. While in this state the individual is highly dangerous to those who chance to be in his immediate neighbourhood, and numerous unmotived murders have been committed by such persons, who, on recovering, have not the slightest recollection of any event that has occurred during this period of excitement. The chronic alcoholic is a constant menace to his family and to society at large. Most chronic alcoholics, if they live long enough, end in dementia. As a rule the mental and physical conditions progressively deteriorate, until the patient becomes physically powerless and mentally extinct.

CHRONIC OPIUM INTOXICATION

Second only in importance to alcohol, among the chemical poisons that produce a chronic intoxication showing psychical features, stands opium with its derivative morphine.

To some extent the notorious intolerance of the present generation to pain is largely responsible for the increase in drugging habits, a toothache or a neuralgia being sufficient cause or excuse for the sufferer to fly to morphine or some other narcotic for relief.

The first effect of morphine is to make one think quickly and clearly, but this soon passes away and a dreamy state supervenes. About half an hour after the drug has been swallowed, or inhaled, as in the Oriental opium smoker, the subject experiences a feeling of well-being, which is followed by one of pleasant drowsiness. Just before the drowsiness sets in the subject feels that he could be master of any situation, but he enjoys the sensation of rest too well to take part in activity. The limbs become placid before the intelligence shows signs of inactivity. Little by little the mentality also becomes effaced and is accompanied by incorrectness of perception; adjacent sounds appear as if they were struck at a marked distance; the surroundings become more and more indistinct, until they seem as if enveloped in a mist, the individual becoming conscious of a great silence around him, in which he feels as if his body were almost immaterial. Ideation also changes; every problem seems easy of execution, and life is seen in its rosiest colours. All that surrounds the subject bespeaks a serene display far above the vulgar scenes of everyday life; precious metals, soft and valuable materials, and things in unison with royal purple surround him, and harmony of sentiment binds him to those about him. These expansive ideas are not only characteristic of the intellectual, but they are met with in the unintellectual as well. The period of pleasurable excitation is followed by one of somnolence. The subject is then in a perfect condition of beatitude—nothing annoys him, everything seems harmonious to him; he makes no attempt at action, satisfied with what seems to him to be existing

around him. In some cases these pleasurable effects are not experienced, and in their stead headache, nausea, colic, and other uncomfortable symptoms are felt.

A temporary insanity may occur in habitués after an unusually large dose ; the symptoms are temporary, and consist of hallucinations of sight, mental distress, or an apathetic somnolence, with mild delirium, from which the person is with difficulty aroused ; and also during the period of treatment, when the drug is suddenly stopped, or too rapidly discontinued, and insanity similar to delirium tremens, with hallucinations, maniacal agitation, and confusion of ideas may supervene. This state is attended with tremors and uneasiness, peculiar sensations in different parts of the body, obstinate sleeplessness, with great physical prostration, twitchings, palpitations restlessness, cramps and pains throughout the body, which continue for several days after the mental symptoms have disappeared. Chronic morphia intoxication produces a mental condition in many respects similar to chronic alcohol poisoning. But the intoxication is not, like that of alcohol, a motor one ; as a rule the subjects are quieter, not uproarious or dangerous.

Persons who continue the use of morphine fail to get the acute effects, but they are held in its power because of its ability to exhilarate them temporarily, enough to make them forget their troubles. They find to their dismay, however, that in order to get this result they must increase the quantity of the drug and repeat it oftener. No physician should ever place a hypodermic syringe or a prescription for morphia, renewable at will, in the hands of his patient with instructions how to use it. The permanent effect upon the faculties in those instances in which the abuse of the drug has been long continued, or the amount taken excessive, is shown in impairment of memory and lessened ability to apply one's self to physical or mental work. The stability of the emotions is conspicuously affected. Persons indulging in morphine are easily dejected and irritated. Anxiety, especially at night, is often experienced.

The moral nature undergoes grave changes, as shown in pronounced moral obliquities, and in the resort to any means, no matter how unscrupulous, even actual forgery

and theft, to obtain the drug. The idea of any personal responsibility falls to the lowest ebb ; thought, action, and even the most imperative duties are shunned. While the largest numbers of these unfortunates are not insane in the stricter sense of the word, there is always present a certain degree of ethical obliquity, irritability, peevishness, and moroseness. They lie unblushingly. It is never safe to believe the word of an opium-eater—he will prevaricate with or without reason ; his disposition is uncertain and treacherous ; his conscience is obtunded ; he is dissolute, and has tendencies to morbid impulse.

These patients often complain of numbness or hypersensitiveness ; their pupils are usually contracted, their gaze furtive or staring ; they are usually pale, with marked pallor of lips or ears. Some of them get hypochondriacal ; others become weak and tremulous, lose flesh, suffer from dizziness, fainting spells, profuse perspiration, and palpitation.

If insanity does occur, it is characterised by delusions of persecution or by delusions of grandeur. These mental symptoms only occur, as a rule, after prolonged indulgence or in those highly predisposed to the psychoses, or where both factors are combined, and are usually accompanied by a varying degree of mental weakness.

COCAINISM

Cocainism is the condition of physical and mental enfeeblement due to the extended use of cocaine. There is hardly any drug that so quickly drives away care and produces a feeling of well-being and satisfaction, or that more insidiously leads to excessive indulgence, and finally to mental derangement, as cocaine.

Cocaine mildly exhilarates at first, much as does alcohol ; the patient becomes lively and talkative, and feels like undertaking schemes, feels increased mental and muscular power, but soon grows drowsy and inactive. Some persons are so susceptible to the drug that even small doses are followed by delirium and collapse. The patient grows pale and sickly-looking, loses weight rapidly, acts sleepily, has no appetite ; he may have

twitchings, tremors, palpitations, fainting spells, and his sleep, poor as it is, may be disturbed by hallucinations, followed by delusions of a persecutory nature.

Those who become addicted to the extended use of cocaine are in a pretty continuous state of excitement; but, busy as they are, they seem incapable of applying themselves to any effective work. They show a deplorably weakened will, a steadily failing memory, and much misdirected energy. They are extremely loquacious, are given to writing long letters or articles, and are prone to advance many impracticable schemes. Elation and depression frequently alternate. Suspicion develops, affection for friends diminishes, and they grow callous to all obligations and ties.

In chronic cases, hallucinations of the various senses may become distressing, especially those of sight and hearing. Black specks before the eyes, visions thrown on the walls, threatening and insulting voices, a feeling of electricity being turned on, or of poison being thrown at them, are common experiences. These give rise to increased suspicion and suffering, and patients often grow to believe themselves the victims of deep-laid plots ; they think themselves watched and followed, reviled, tortured, and perhaps about to be murdered or otherwise foully dealt with. Insane jealousy is another prominent symptom.

CHAPTER XXIV

MENTAL DISORDERS PECULIAR TO WOMEN

WOMEN who are predisposed to insanity run special risks during their functional activity, especially during the periods of pregnancy, parturition, and lactation.

MENTAL DISTURBANCES IN DISORDERED MENSTRUATION

The nervous disturbances which accompany menstruation in some healthy women are well known. In a few cases these disturbances take the form of obsessions or impulses. As a general rule, however, mental troubles in connection with menstruation are only observed in those cases in which the function is profoundly disordered, the menses being either suppressed for a long period, or occurring at irregular intervals, or accompanied by great pain and constitutional disturbance.

The restoration of the function is often followed by the return of sanity, but the fact must be remembered that during insanity the menses are in the great majority of cases suspended at the commencement or during the course of the malady, so that cause and effect are not easily distinguished.

The mental disturbances are most marked at the cessation of the function of menstruation, and will be described under "Climacteric Insanity."

MENTAL CHANGES IN PREGNANCY

The nutritional disturbances to which all women are subjected during pregnancy allow few of them to escape at least some alteration of the disposition. When slight,

these changes are manifested principally in the form of capriciousness, abnormal appetites and cravings, tendencies toward brooding over possible ill results of the pregnancy to themselves, or some slight degree of mental exaltation, in which the imagination is more particularly disturbed.

Insanity of pregnancy is most commonly associated with some very distinct neurosis in the individual herself as well as in her family. As a rule the symptoms are of a more or less melancholic type, with loss of mental power, of will, and energy. There may be a special dislike and distrust of the husband and aversion to the other children. They suspect their husband of infidelity, fancy that they are going to be abandoned, or that their children are to be taken from them. There may be complete apathy and loss of interest in family and surroundings, weariness of life, delusions of having committed unpardonable sins, of being unworthy to live, and the thousand-and-one deceptions of the melancholic. The melancholia may become more pronounced during the later months of pregnancy.

Occasionally the patients suffer from mania of the ordinary type, with restlessness, insomnia, loquaciousness, motor agitation, with or without hallucinations and delusions, according to the severity of the attack. The mental disorders rarely last during the entire pregnancy, and when they do, the patient usually recovers after delivery.

INSANITY FOLLOWING CHILDBIRTH (*PUERPERAL INSANITY*)

During the first few weeks after delivery of the child, mental disturbances in those predisposed to it, or who have already had an attack, are again liable to occur. The insanity is due to septic intoxication or resulting from the storing up in the system of waste tissue products. The symptoms are of the hallucinatory-confusional motor and mental types of excitement, delusions, stupor, or melancholic indications as in all inanition psychoses. If suicide is attempted, it is the direct consequence of frightful hallucinations and entirely unpremeditated, and not from a sense of unworthiness and premeditated,

as in melancholia. Infanticide during transient attacks of this form of insanity is not uncommon. The excitement is often intense, the patient injuring herself in attempts to escape from restraint. There is none of the loquaciousness of the true maniac; on the contrary, speech is often reduced to disjointed, unconnected words, and, when spoken to, the woman either pays no attention or stares at the person addressing her in a blind, uncomprehending way. She is absolutely sleepless, rejects food, and is regardless of her person and the ordinary decencies.

INSANITY OF THE LACTATIONAL PERIOD

This form of insanity begins after the second month after parturition. It also belongs to the type of inanition insanity, only that the hallucinatory maniacal form is the more frequent.

For weeks, perhaps months, the patient has shown sleeplessness, loss of memory, decline of the faculty of attention, a progressive pallor, digestive disturbance, the evolution of morbid fancies, and a change of disposition toward her infant and the household. If she continues to nurse her child, she becomes more and more anæmic, and eventually develops hallucinations, aural, visual, or mixed, with increasing obtuseness and confusion of thought.

Under the influence of terrifying hallucinations she may attempt suicide, take the life of her infant, or, under a false conception of the identity of those around her, may violently assault husband, mother or nurse. Periods of quiet may follow, and delusions of a persecutory type, such as being poisoned, may occur. Finally a stuporous condition is by no means infrequent.

MENTAL CHANGES OF THE CLIMACTERIUM

Undoubtedly brain changes may occur at the time of change of life, when the sexual function departs. When the hereditary and personal history has been good, and there has been no special stress, the change takes place so gradual as to be imperceptible. All the mental powers

are lessened in activity to a certain degree, and the woman, and, as a matter of fact, also the man (see the author's articles on " The Change of Life in Man—Climaterium virile," in the *Neurologisches Centralblatt*, December 1, 1910, and *Medical Press*, December 28, 1910), have to adapt themselves to their reduced energies.

Life's enjoyment has diminished and fatigue sets in more readily. At the same time the defence against disease is lowered, and often this is the beginning of the end, the time when the first signs of that illness set in to which, in after-years, the individual succumbs. For both sexes the climacterium is a period for the re-adaptation of the bodily machinery to a more modified functional activity. If then there are cares and sorrows, mental or physical over-exertion, it will be more difficult than ever to retain the elasticity. At any other time the body would have recovered easily. Now there are not enough vitality and nervous energy, or only after a period of long inactivity.

The patient complains principally of a loss of his accustomed energy, sometimes to the extent of drowsiness during the day. Men who are intellectual workers complain that they have no longer the same intuition and inspiration, and lack the ability of their former concentration. The intellectual processes are both retarded and more difficult. The imaginative power being diminished, it is harder for them to originate new work. In consequence they become dissatisfied and are addicted to grumbling—in short, nothing pleases them. They are impatient of opposition. They are easily provoked to anger, even by persons whom they love. The accustomed pleasure and enjoyments have lost their charm and interest. Hence they restlessly pursue changes, or else are not moved to go out-of-doors. They become very emotional, and are ashamed of it. They cry easily, and can with difficulty suppress their tears. Family events, the theatre, music, and the sight of misery excite their feelings to an unusual extent. Many patients complain, in addition, of what is commonly called " stage-fright." The brilliant orator, the distinguished performer, the busy speculator, now dread public assemblies, or come suddenly to a standstill. Thus memory fails them, they

forget what they intended to say, or play, or reckon. After one or more accidents of this nature they are overcome by chronic fear, dreading some misfortune, they do not know of what kind ; they can only say that they feel they will always be helpless or ill. The diminished capacity for work makes them fear poverty. In consequence of the anxieties sleep is disturbed. The patient becomes sad and depressed, "love of life" is diminished, and not infrequently attempts are made at self-destruction, which take the family all the more by surprise since no real motive can be found for such conduct.

Like the flickering flame before it extinguishes will often burn up high, so the sexual instinct before it is lost will show abnormal functioning, and many a woman at this "dangerous age" will do "silly" things—fall in love with a much younger man who spurns her, and conduct herself in a manner that makes her the laughing-stock of her friends. Erotic delusions may occur. Elderly men will fall in love with girls who have hardly passed infancy, and many a family of grown-up sons and daughters have been shocked by a widowed father who married a girl of the same age or even younger than themselves.

The revival of the sexual passion may cause the wife to believe that she is neglected for some other woman, or a feeling of antipathy to the husband may arise which becomes interpreted for dislike on his part. In either case the woman becomes suspicious and is on the look-out for evidence, when trifles, light as air, suffice to satisfy her. One woman searches her husband's pockets, while another deciphers in a mirror the writing on his blotting-pad. When once the false idea has got fairly established, reason is of no avail to disturb it. During this stage of insane jealousy, acts of violence and destruction are common, and frequently libellous letters and post-cards are written, thus causing public scandal.

CHAPTER XXV

MENTAL AFFECTIONS OF CHILDHOOD

NIGHT TERRORS, CHOREIC AND EPILEPTIC INSANITY

UNSOUNDNESS of mind, apart from congenital defect and delirium, is rarely seen in childhood during the period of life from the first to the twelfth or fourteenth year—*i.e.* up to the age of puberty.

The numerous forms of idiocy which will be described in a succeeding chapter do not belong here, since idiots are not, properly speaking, subject to insanity. Their mental peculiarities are not to be regarded as symptoms of alienation, but rather as the result of lack of development of the higher brain centres.

Fits of prolonged screaming, motor restlessness, and sleeplessness may occur even in tiny infants, but since they are too young to connect any ideas logically until the age of four, any mental disturbance which occurs at such an immature age must be of a purely hallucinatory nature and cannot include delusions. Such young children have delirium, nocturnal frights, and transitory maniacal attacks, accompanied by sensorial deceptions.

In children between the ages of four and seven years the hallucinatory types of mental disorders still predominate, but are mainly induced by infectious and toxic maladies. Delusions, rudimentary in character, extravagant and grotesque from the imperfect judgment and lack of experience, may be occasionally noticed in the latter part of this epoch.

From the end of the seventh year to puberty, modified forms of adult insanity begin to come into prominence.

Insistent ideas and compellent motor acts are by no means uncommon in childhood, and are referable to ill-

health and sometimes overwork. They occur in older children approaching puberty, but they are not unknown at six and seven years of age. Quite a number of the phobias, such as morbid fear of being alone, of the dark, of crowds, or of open spaces, develop out of the natural timidity of childhood, combined with the effects upon the immature nervous organisation of weird tales related to them without due consideration of their effect upon unrestrained and vivid imaginations.

Mania as it is known to us in the adult does not exist in childhood, but something akin is witnessed when the infant is uncontrolled by direct moral suasion, is profoundly egotistic, destroys for the sense of pleasure destruction brings, talks disjointedly, and makes incessant violent movements.

Hallucinatory confusional delirium occurs in post-febrile and inanition psychoses. The children change in character, become restless, and suddenly exhibit intense irritability. Then after hours or days hallucinations make their appearance. The anxiety is intense, and the disturbance produced by the appalling visions induce a profound mental confusion, in which the most simple acts of reflection are in complete abeyance. The child strikes at any one approaching him or seeks to evade them. The parent or nurse is unrecognised, and control is only to be obtained by force. The duration of the active symptoms is from two to ten days. There may follow a stage of depression lasting for weeks, interrupted by exhibitions of anxiety and moroseness.

In *chorea* (St. Vitus's Dance) there is often a mild mental disorder. The character of the child afflicted becomes changed ; there are lapses in the moral sense, mendacity, perverseness, emotional outbreaks, irritability, and the constant repetition of meaningless actions. Disturbances of memory and of the faculty of attention are also common. The child apparently forgets what it has previously learned ; reading and writing become difficult ; there may be maniacal delirium, and the impairment of intellect may proceed to a more distinct alienation—a transient or permanent dementia.

Melancholia occurs as a rule only at puberty. The child afflicted with it withdraws from the companionship

and games of his companions, neglects his lessons, becomes introspective, loses his interest in life and his affections, and grows gloomy and spiritless. Actual delusions are found only in older children. Hallucinations are exceedingly rare. Suicidal impulses are often present, and should be guarded against with the most painstaking fidelity. Suicide in childhood is always premeditated, and is sometimes effected in ways that would be unthought of by an adult.

NIGHT-TERRORS

Night-terrors occur in children between three and eight years. They are due to reflex irritation of the brain, set up probably by digestive disturbance. The child, without apparent reason, will suddenly start up in bed and scream continuously for some minutes, and have his hands outstretched as if to shield himself. His face expresses wildest alarm, his eyes are wide opened, with pupils dilated, and he gazes intently at the ceiling or towards some quarter of the room in which he locates the apparition which frightened him.

The child will cling instinctively for protection to any one within reach, but he does not at first look at or recognise persons—his attention is fully taken up by the imaginary object of his fear. The period of terror lasts from a few moments to half an hour. The child usually then recognises his surroundings, but he sweats and trembles, turns pale, and seems shocked and exhausted. He will beg not to be left alone in the dark again or that his hand may be held.

Although visual hallucinations are commonest in young children, other hallucinations, such as those of hearing and of common sensation, besides those of sight, may occur in night-terrors. A healthy child may be merely frightened and will be none the worse the next day, whereas the emotional and neurotic child will be haunted by the terrors he has experienced. Unusual timidity is often an early sign of such tendency. He grows up shy and self-conscious, and becomes neurasthenic or hysterical.

Night-terrors are to be distinguished from nightmares.

Night-terrors seldom occur in children over eight years of age. They may occur only once a night, but they never vary. The attacks may occasionally trouble a healthy child, but the children most often and seriously affected are those who are themselves neurotic or are the progeny of neurotic parents. The child may seem wide awake, yet still see the vision that has terrified him, remain unconscious of his surroundings, and have no recollection of the event afterwards.

Nightmares may happen at any age. They occur generally in chronic ill-health, but there is no family history of neurosis as a rule. Several attacks may happen in the course of the night. The child has a troubled dream; the objects of apprehension have been met in waking hours, and are not invariably the same. When aroused from its troubled sleep, the child is perfectly conscious, though confused by the recollection of his dream and dreading a recurrence.

EPILEPTIC INSANITY

Epileptic convulsions may occur at any age, but they frequently date from earliest infancy. They often leave the child feeble-minded or, at all events, changed in character. Epileptics who have had fits for years are not necessarily mentally affected, but many of them suffer from a mental deterioration, which presents special features. Weak-mindedness is commoner with them than mental aberrations. The patients lack initiative; they are restricted in their ideas and tedious in their expression of them. In their narrations they lose themselves in petty details, needless explanations regarding antecedent circumstances, and long digressions. They often make big plans and boast of what they are going to do, failing to appreciate their limitations; others, less deteriorated, are aware of their limitations, and chafe under their inability to undertake or accomplish anything outside of a very limited range.

Unfounded aversions, especially towards their relatives or attendants, are common among epileptics, and tales of woe and ill-treatment are poured into the ears of strangers. Their power of attention is of limited range and easily diverted. They are highly religious—at least,

they read the Bible diligently and pray a good deal. In religious and political opinions they always go to extremes: they are rabid conservatives, or violent revolutionaries, and fanatical proselytes of old and new religions. Their intellectual stock-in-trade becomes greatly reduced, and even limited to a few platitudes.

The two most prominent features of the epileptic are—irritability, showing itself in attacks of temper or an unpleasant peevish disposition, and impulsiveness, which may exist in every degree to the most dangerous acts. Conscious anger may pass into uncontrollable mania at any moment, and homicidal acts characterised by a blind, unreasoning violence may be committed under the varying conditions of complete or clouded consciousness.

The really characteristic epileptic insanity is that appearing in connection with the epileptic attacks. This may appear before or after the paroxysms, or may replace them; thus we have pre- and post-epileptic insanity and the epileptic equivalent (psychic or masked epilepsy). The first named is not uncommon, and may show itself in exalted or maniacal conditions, or, as is more usual, in depression, fussiness, and fault-finding, appearing at varying periods prior to the convulsions. In some cases, also, there may be hallucinations of various kinds, sometimes disagreeable, but sometimes agreeable and even ecstatic visions or sounds are experienced in this stage; or there may be only an excess of irritability, gradually increasing to an explosion of violence and fits of destruction. In this last case the patient may be entirely rational, and endeavour to control himself till finally the condition culminates in an explosion of violence beyond his control, and often directly connected with the epileptic attack itself.

In the psychic type of epilepsy the fit consists solely of the transient loss of consciousness, without convulsion. Not infrequently some of the worst phases of mania are the direct sequelæ of a transient loss of consciousness without spasm. The subject of masked epilepsy and the consequent mania is replete with interest to the physician and the jurist, since such patients are prone to impulsive acts of violence and automatic states, in which the most complicated but entirely unconscious actions

and crimes may be carried out without premeditation on the part of the sufferer, being also out of all accord with his character during his intervals of mental health.

Often there is nothing more than a clouded consciousness, and various acts may be committed automatically, of which there is complete forgetfulness after the attack. Thus, whilst wide awake, and in the midst of some occupation, the patient affected by such a seizure suddenly stops working, leaves the place in which he has been, and wanders about aimlessly until discovered and roused from his dream. A patient about to take a bath and seized by an attack may enter the water fully dressed, or while surrounded by people he may, in a fit, divest himself of all his clothing and do some strange and improper actions. More rarely his behaviour is fairly orderly, and the series of his actions rather complex. Thus, he may go to the railway station, purchase a ticket, and make a long journey, stopping, changing carriages, and taking refreshments at proper times and places without attracting any special attention. When the seizure is over, he awakes as if from a dream, and has no recollection of what has happened.

The post-epileptic mental disturbance is the most frequent of the three forms, and therefore the most important. It is the rule that a fully developed epileptic attack leaves after it some temporary cerebral disturbance; most commonly there is a shorter or longer stuporous interval, or there may be a severe headache and more or less mental confusion.

When, as a result of epilepsy, a real mental disorder develops, we note impairment of intelligence and of memory to a greater or lesser degree, incapacity for effective mental work, marked emotional instability, lack of inhibitory power, and a weak and forceless moral sense. Hallucinations of sight and hearing are also frequent. In their religious ecstasy, patients may receive imaginary messages and communications from the Deity. Often there are also delusions of persecution. In rarer cases we may see hallucinatory-confusional states, and in others extreme depression. But the epileptic furor is the most characteristic, and suggests in its phenomena some terrifying delusion or hallucination of the patient, or

some delusion of injury or attack by others. A peculiarity of these cases is the fierceness and vindictiveness of their attacks on other persons, which seem often utterly beyond reason and out of character.

The forensic importance of these various conditions is very great, and much stress must be laid upon the loss of consciousness as affecting responsibility. It should be borne in mind that, whether consciousness is lost or merely clouded, or if loss of memory only exists later, the condition is one of mental disease, and any remnants of self-control that may exist do not materially affect the case. Unfortunately, since the law regards them as free agents, forced seclusion is not usually possible until some deplorable incident has occurred. If a man has been subject to regular epileptic fits, and commits a homicidal act in an impulsive or motiveless manner, the presumption is very strong that the murder is a symptom of his disease, and he is not fully responsible for his actions.

CHAPTER XXVI

STATES OF ARRESTED MENTAL DEVELOPMENT

IDIOCY, IMBECILITY, FEEBLE-MINDEDNESS, AND MORAL WEAK-MINDEDNESS

WHEREAS in insanity we have changes in the mental capacity and dispositions of persons formerly normal, in the mental states which we are now about to consider—idiocy, imbecility, and feeble-mindedness—we have an arrested or defective development of the brain, and consequently a mental deficiency from birth or infancy.

IDIOCY

The most extreme form of mental deficiency is that of idiocy. It is a congenital condition in which the intellectual faculties have never developed, or at least not sufficiently. In dementia (Chapter XXII), in which a person may be intellectually reduced so as to resemble an idiot, a man is deprived of advantages which he formerly enjoyed. He was a rich man, who has become poor. The idiot, on the contrary, has always been, as regards his intellect, in a state of want and misery.

Pathologically we may differentiate various types of idiots by putting in one class those who have heads too small for normal intelligence—*i.e. microcephalics*—and those idiots who have heads larger than the normal size—*macrocephalics* and *hydrocephalics*. Another class are the *cretins*, idiots of extremely dwarfed stature, with excessive breadth of the long bones in proportion to their length, and a doughy, yellowish skin. Still others, showing deformities of the skull, and long bones due to improper or insufficient nutrition in infancy, termed *rachitic* idiots.

A further class are the *paralytic* and *porencephalic* idiots, who present paralysis from congenital or acquired defect in the brain substance; and yet another class, whose skull was compressed or injured on account of difficult delivery or faulty use of forceps.

The lowest type of idiot is one devoid of all understanding, in whom is found an entire absence of intelligence. Being incapable of any reasoning power, he has no appreciation of the commonest physical dangers. His faculty of attention is also wanting, except a momentary attraction by loud noises, bright lights, and similar exciting objects. Of most of them it may be said that they do not appear to be conscious of their own existence, much less of ordinary feelings of pleasure, pain, fear, and love, except in the most rudimentary way. The sight of food alone has the power to draw them from their indifference, and they may show attachment to whichever person takes care of them, transferring their affection readily. There is no will-power, and no trace of the faculty of initiative. They have no power of expressing themselves by means of articulate language, but some of them succeed in making known their desires by certain signs, cries, or sounds, understood only by those in immediate attendance upon them.

It is only in idiots of higher degree that we are able to determine voluntary attention, and by that to develop their general intelligence. As a rule they do not learn to read, but some of the more educable ones may learn the letters and make out some detached syllables, but they rarely get to the point of understanding the printed words. Even when we succeed in teaching them to read, their reading is staccato, sometimes sing-song, but never normal. Their writing, if at all possible, is still worse than their reading, for they lack the co-ordination of movement. Even when they succeed, they can write only from a copy, and never from dictation or spontaneously. Calculation is impossible for the lower grade idiot, and even the higher grade learns only the elementary figures, and those with difficulty.

Not having any or but little understanding, idiots rarely laugh, except when they laugh continually, as is the case with certain incurable idiots, who giggle con-

stantly while making their balancing movements. They are extremely timid ; everything frightens them, because they cannot explain anything. Love of property exists sometimes to a considerable degree in higher class idiots. They do not hesitate to appropriate anything they want, especially if it be food, which more than anything else excites their desires. They are not naturally lazy, for they can be got to work if we know how to set about it, and they have been trained to it. They are only inactive from want of attention and slowness of conception and movement. The musical sense is often strongly developed in them, quite disproportionate to the other mental faculties, and not infrequently those who cannot speak at all can hum tunes correctly, so that parents base thereon sometimes false hopes that their child cannot be so very defective since he appreciates music.

IMBECILITY

The imbecile is one whose mental defect exists from birth or infancy, and is so great as to render him incapable of earning his own living, although he has intelligence enough to guard himself against the common physical dangers.

In imbeciles we find defective mental powers of various degrees, from pronounced enfeeblement to grades of intellectual development, capable of fair education, but retaining a defect in some mental faculties. As a rule imbeciles are fairly conversant with their immediate surroundings ; they know their own names, and are able to respond to them when addressed. Their command of language, however, is extremely limited ; they are only able to pronounce a few words, or at any rate a few phrases, the correct significance of which they know. In imbeciles, voluntary attention exists within certain limits; but it is intermittent, and they pass from one subject to another without there being any relation between the two. Their memories are defective, and they do not retain from one day to another what they have been taught with care and trouble. Weeks and months are spent over the alphabet before it is finally, and then only imperfectly, mastered. The memory in imbeciles is

sometimes apparently greatly developed, but if we observe closely, we notice that they recite a piece always in the order in which they have learned it, and that the slightest interruption in the recital cuts it short, for imbeciles do not understand the sense of what they are saying. Their memory is therefore not a proof of intelligence. Such a memory cannot be utilised to any extent, for if imbeciles learn quickly, they forget with equal rapidity. It is difficult to educate them to read, and although some learn to write, they never form their letters well. They are unable to count beyond a certain number, and any but the most elementary arithmetic is entirely beyond their power. We usually succeed quite well in getting them to understand addition, but it is often very difficult to teach them what subtraction is—certain of them can never learn to understand it, even those who may be fairly well developed in other respects. The principle of multiplication is not understood, and in the great majority of cases division is impossible. Yet imbeciles have been known in whom the memory for figures was not only well preserved, but developed to an extraordinary degree. Some have a special memory for dates, and a perfect appreciation of past or passing time.

Imbeciles are very much influenced by rhythm, hence they like music, and some can recite poetry, though they may not understand a word of it.

Both idiots and imbeciles have often a good memory for tunes. They readily acquire simple airs, and rarely forget them. This is the more striking because of the utter absence of any other evidence of artistic taste. A beautiful landscape or a lovely picture is powerless to move them. In insanity too the musical faculty is often the last to go. Patients, incoherent in speech, unable to read a book, and no longer able to dress themselves, have yet been known to read music at sight and to play an instrument correctly.

Some imbeciles reach a higher plane of mental attainments, and are capable of conversing correctly; but their knowledge, as well as their vocabulary, is limited. Despite the apparent facility of language, thought is really slow. Patients of this class do not comprehend quickly, and there is a frequent tendency to the repetition of any

question addressed to them. They sometimes seize readily upon anything that is grotesque in a person, and may express it in comparisons which are really quite droll, and which make them appear to be more intelligent than they really are; more often, however, these comparisons are absurd and trivial or vulgar. Some of them exhibit a wonderful power of repartee and a dry form of humour, all the more surprising on account of its unexpectedness. The credulity of imbeciles, as might be expected from their want of understanding, is very great. They are very egotistic, and occupy themselves above all with their physical well-being. They are easily disturbed by the least physical pain which they suffer, and give expression to it in a lively manner. Similarly they manifest joy in a noisy manner, out of all proportion to the cause of it, getting more and more excited, and sometimes not even knowing why they laugh. They often laugh without motive, even perhaps under sad circumstances if some little thing which they think funny attracts their attention.

Imbeciles are fundamentally lazy, unless some special inducement is offered to move them, rewards that they love or punishments that they fear. They are often vain, quarrelsome, easily irritated, and a source of annoyance to the household from their propensities to lying, thieving, and their general shamelessness and uncontrollable character. They are capable of manifesting a certain degree of affection to those who treat them kindly and with whom they live; but the feeling is never profound. They are amenable to a certain amount of training and discipline in the direction of their external behaviour. If left to themselves, their actions and manners become so repulsive that it is impossible to live in their society; but if properly trained, they learn to dress themselves decently, to eat inoffensively, and to control their animal instincts.

THE FEEBLE-MINDED

The criterion employed to distinguish the feeble-minded from those on the next lowest stage—*i.e.* imbeciles—is capability, in favourable circumstances, of

earning a livelihood; while on the other hand the feeble-minded are distinguished from the normal by their incapacity from the earliest age to compete with others on equal terms, or to manage themselves or their affairs with ordinary prudence. In my book on *Scientific Phrenology* I have given ample illustrations to indicate that the size and shape of the head are often sufficient to determine the existence of mental weakness.

This class includes the great number of backward children, who are the cause of endless trouble and anxiety to parents. One of the commonest defects is in the power of attention. Those in whom this power is wanting are unable to concentrate their minds upon anything for long. They cannot persevere with a piece of work, or read a few pages of a book, or keep up a sustained conversation on one subject—the least thing withdraws their attention elsewhere.

They are slow of apprehension, dull-witted, deficient in ordinary interest, in judgment, and in common-sense. In a certain sense it may be said of them that they do not grow old with their years. They remain childish, easily satisfied with trifles, and display interest in things which have long ceased to interest normal people of the same age.

They cannot see why they should learn something for the sake of future benefit; all they care for is immediate gratification. Hence, they lack application; as soon as they tire of one thing—and they do so quickly—they take up another. So the youth grows up, and when he is of an age at which others have made some progress in a definite career, the mentally defective is still undecided as to his aim in life.

Sometimes there is artistic talent; the lack of application may then be overlooked by the parents. This class of mental defectives may draw, paint, sing, play, write verses, and make various pretty things with easy dexterity. Their lack of industry prevents them from ever attaining mastery of the technique of any art. They exhibit plenty of artistic taste and feeling, but they are always amateurs; they are never really good. Before they can be commended, allowance must always be made for this and for that.

They may be excellent company, pleasant companions, good-natured, easy-going, and urbane, but they frequently have one peculiarity: their self-conceit is not inordinate, but remains undiminished in spite of their repeated failures in the most important affairs of life. The normal effect of failure, especially in important matters, is to depress; it produces dejection, diffidence, lack of self-confidence and of self-reliance. But the people here described are continually failing—their lives are one long record of failure; yet they are not only cheery and content, but their confidence in their own powers, in their business aptitude and general superiority to other people, remains undiminished.

The feeble-minded youth may be capable of receiving some education, and may be even brilliant in some subjects. While he is at school, all may go well; but as soon as he attempts to take his place in the outside world, his lack of mental balance becomes apparent. The normal man, with his clear-minded, logical thought, sound judgment, and strong will, sees where the feeble-minded only gropes; he plans and acts, where the latter only dozes and dreams.

With quiet and uneventful surroundings which do not overtax their mental energies they manage to pass through life in the undisturbed possession of their meagre mental outfit with comparative ease and comfort, but the moment they are subjected to complex conditions of life, which require greater mental and physical activity to gain a subsistence, they weaken and falter by the way, and gravitate to the vagrant and pauper ranks.

To earn a livelihood needs persistent industry. It requires such self-control, such self-denial, and such a degree of self-abnegation as will allow of the steady pursuit of an uninviting and perhaps repellent employment, in spite of the solicitation of others by which immediate pleasure may be gained. It means, in short, the postponement of immediate pleasure, to be enjoyed in the future. But of such patience and perseverance the feeble-minded has usually next to none.

Some feeble-minded persons, however, are placid, well-behaved, and industrious; but the life of these persons is one of conformity to habit, and not to ideals. They

rarely think of, much less make plans for, the future; and the few who have vain imaginations of what they would like to do or become are lacking in the necessary intelligence or will to direct their attentions accordingly. Indeed, one of the most pronounced features of the feeble-minded person is his utter lack of purpose. If given work and told exactly what to do, he may often be trusted to do it; he may even acquire the habit of performing the same task day after day, year in and year out, without supervision. But the work must be strictly of a routine nature, for he would be quite unable to cope with any unforeseen emergency. The lighter grades of feeble-mindedness often fail of recognition, but as soon as some unusual situation arises, demanding discretion, decision of action, and self-control, incapacity becomes evident. And should he lose his employment, he is incapable of any strenuous attempt to seek other. To use a homely phrase, we may say that the bread of these persons must be put into their mouths.

Feeble-mindedness appears in all ranks of life, probably as frequently among the well-nourished and well-to-do as among the poorly-nourished and penurious. The feeble-minded of the upper classes are better cared for and protected than those of the poorer classes, and are less in evidence, not being called upon to compete with their fellow-men for a living.

The ability to administer the means, when gained, is of equal and even of greater importance than the ability to earn a livelihood; for, while the first is obligatory upon every one, there are many people who are relieved by the exertions of their predecessors from all needs to earn their own livelihood. Defect in the administration of the means may be due to general defect of intelligence, so that the subject of it is unable to appreciate the amount of his income, unable to grasp the relative values of different commodities, unable to appreciate the different purchasing power of different sums of money, so that he is at the mercy of any dishonest person who chooses to ask him half a sovereign for an ounce of tobacco or a box of matches, or to palm off upon him a coloured lithograph as a genuine Raphael, a broken-winded screw as a certain winner, ormolu and

glass as gold and diamonds. In consequence he expends his income and sinks into debt from sheer inability to appreciate the relation between income and outgo.

Another defect is the inability to say "No." There are very many persons of weak character who are unable to withstand solicitation, who give to every beggar and lend to every "sponge" money which they cannot well afford, from lack of moral courage, force of character, or strength of will to refuse. These are the people who are ruined by endorsing bills and becoming security for their friends; who buy worthless shares forced on them by unscrupulous agents or financiers; who make collections of antique furniture, pictures, etc., which are manufactured specially to delude the unwary. They are the people whose wills are disputed on the ground of undue influence; who make wills or deed of gift in favour of their nurses or landladies, to the exclusion of their own near relatives.

MORAL WEAK-MINDEDNESS

The feeble-minded often have vicious and criminal instincts, and even the well-behaved mentally defective may drift into crime, being often easily led. Their respectability will depend upon their position in life, their environment, and associates.

Not all weak-minded are criminal, but they lack the capacity to acquire the elements of good or social conduct, and it is this incapacity to develop the higher and more complex associations, and not any specifically vicious tendency, that makes them succumb to the temptations of an evil environment.

That those who are mentally feeble should show moral deficiencies is only natural, considering that the lower the intellect, the feebler the control over the instincts and passions. But there are a class of men who, though for a time at least they may possess brilliant intellectual abilities, lack, through some innate defect, the highest human acquisitions, the ethical and altruistic sentiments, and who manifest from an early age highly active propensities to vice and crime, and on whom punishment has little or no deterrent effect.

Under such " moral insanity " or " moral imbecility " we do not include any of the acute or chronic insanities already mentioned, in which tendencies to vice and crime may be manifested simply as a symptom of their disease, insane conduct arising from insane ideas. Nor do we mean the idiots and imbeciles just described, who are so deficient in intellect that they cannot appreciate moral conduct. We mean such subjects only who, while intellectually to all appearances normal, from the time when a child should show moral capacities are already different from other children, and whose anti-social nature ill fits them to take their place in the community. Their essential characteristic is a lack of power to recognise ethical distinctions, and through this moral deprivation there is a serious lack of balance between the thinking and acting capacities. These patients are rarely seen in asylums, and since they are held legally responsible for their acts, many of them find their way to prison.

The "morally weak-minded" are persons whose mental development stopped short when it reached the altruistic sentiments (see Chapter V). These higher attributes of human nature do not exist in them. The intellect of these patients is tolerably developed, and they possess a certain amount of knowledge, which they may exploit with some craftiness. Their memory and reasoning power may be up to the average, but their views are narrow, and they do not concern themselves about their future.

The symptoms first appear in infancy; the moral development does not take place as in normal children; they lack natural affection, are especially rebellious to authority, brutal and cruel, and unreliable in all respects. The moral development of a child is, in all cases, largely a matter of education; but these cases lack the basis that is essential to a moral sense. There is no material for moral development. Such children, lacking the elements of the moral perception, seem incapable of distinguishing between truth and lies, so that their statements on the most ordinary matters of fact are never believed. They steal systematically, and have no sense of shame. There is a lack of sympathy, as shown by barbarous cruelty to animals, malicious teasing, ill-treatment of their play-

mates, unresponsiveness to kindness. Other cases are less extreme; the moral potentialities are there to a limited extent, and while these children are wayward and hard to bring up in a respectable way, they are not absolutely incapable of learning self-control and appreciating the higher motives of conduct in some measure.

Attempts at education are fruitless, since the most important incentives, love and ambition, are lacking. Force alone is able to suppress the manifestations of their unbridled selfishness, but this is soon met by duplicity, cunning, deceit, callousness, and stubbornness. Such children of the well-to-do classes shock their parents at an early age by vulgarity, lying, persistent laziness, petty larcenies, and peculations. They wander from one teacher to another, always with the same lack of success, until finally it becomes impossible to protect them from the results of their conduct.

They are likely, even as adults, to be always moral weaklings, quick to yield to temptations that would be resisted by a healthy minded man. When these cases are intellectually bright, so that they can fully appreciate utilitarian considerations and control conduct according to them, they may become the sharp, unscrupulous swindlers or business or professional men, whose only guide or restraint is expediency and safety. The moral sense, sympathy, pity, love, etc., are conditions utterly strange to such men. They act from cold calculation. Selfishness and heartlessness mark all their acts. To the murderous burglar, callousness is a far more necessary article of equipment than a jemmy or a loaded revolver. If a man is going to think how unfair it is to the victim to have his brains battered out for attempting to defend his property, he had better renounce that line of business.

Another characteristic is that these subjects are never penetrated by a feeling of their guilt, or very evidently show repentance. They may perhaps feel and dread the material consequences of crime, but they are deficient in the feeling of moral guilt. Only those men and women whose active animal propensities are governed by sound moral sense will, when having committed wrong for once, feel the torture of conscience in the loneliness and darkness of the night, and be afflicted with those terrible

dreams which are alleged to nightly shake the guilty soul. Not so the moral imbecile. His conscience is not strong enough to torture him.

It is unfortunate that the notion is still so prevalent that all persons are equally good by nature, and might be equally good actually had they but the will to be so.

Men are born with all degrees of moral capacities and incapacities, and some of them wholly lacking in that regard, just as they are born with all degrees of intellectual endowment, and some of them with none whatever. A man may be an idiot morally, as well as intellectually. We have shown that there are in man propensities which under certain circumstances, that is by over-excitation, without the guidance of intellect and moral power, may produce evil inclinations and give rise to injurious acts. Let the admirers of the excellence of the human species reflect why, in all ages and in all countries, robberies and murders have been committed ; and why neither education, legislation, nor religion, the prison, hard labour, nor the wheel, has yet been able to extirpate these crimes. In Queen Elizabeth's time, out of every thousand persons born, five were actually hanged, as a matter of recorded statistics, yet it did not eliminate crime. Do criminals rob and murder for the sole pleasure of exposing themselves to punishment, and without any temptation ? Suppose we allow it to be education, and not nature, that produces vicious tendencies, the difficulty still remains the same, because education does not depend upon him who receives it ; and education never would develop either good or evil inclinations, were not their germs previously existent in human nature.

One of the qualities which such subjects lack is self-restraint—*i.e.* the power of foregoing immediate gratification. In determining whether a vicious act is done by a sane person or a feeble-minded one, we must possess a fairly full knowledge of the previous character, and estimate the degree of enormity by the gravity of the difference between the pleasure that is gained by immediate indulgence, and the benefit that is forfeited with the certainty and magnitude of the evil that is incurred.

Another quality which such subjects lack is the sense of responsibility. They are as truly insensible to the

moral relations of life, as deficient in this regard as a person colour-blind is to certain colours, or as one without ear for music is to the finest harmonies of sound.

Such diagnosis is facilitated in a certain number of cases by the periodicity of the morbid impulses. Thus I have seen quite a number of young men, of normally clean, sober, and chaste life, who were attacked from time to time, at intervals usually of a few months, with an overpowering desire to kick over the traces. In some cases the desire is merely for drink; in others it is not for any dissipation, but merely for a life free from the conventions and restraints of civilisation. Whatever the particular craving may be, it comes on very rapidly, and is so powerful as to be, in most cases, irresistible. The paroxysm is short-lived, and after a few days, or a week, they return to decency and propriety, and live an exemplary life until, after an interval of a few months, the fit seizes them again. When they are closely examined, such people often deny—and there is no reason to doubt the denial—that they have, when they break out, any pronounced craving for drink or for any other indulgence. What they experience is a horrible, ill-defined, voluminous, indescribable, and unbearable sense of uneasiness.

We recognise feeble-mindedness in the gilded youths who live for the moment, who have no serious thoughts for the future, are selfishly unmindful of others' rights, interest, convenience, and pleasures; who live to eat, drink, dress, study the musical comedy, with its lady performers, and are addicted to vices or become the victims of impostors. We see it in the rowdies, inebriates, spendthrifts with no money sense, and hosts of other people whose early life promised well, but who disappointed the expectations of fond parents and friends, and descended in the social scale.

Depravity of all kinds is frequent with persons possessing normal brains, but experience teaches us that a large proportion of the petty thieves, pickpockets, individuals convicted of indecent assaults and moral crimes, are of low mental order; are deficient in brain development; have not the capacity under the best of circumstances for taking advantage of ordinary school education, and are

often incapable of making a living for themselves; and eventually become a care and a burden to the community. The Report of the Royal Commission on the Care and Control of the Feeble-minded contains the following figures: From 45,000 to 50,000 of the school children, from one-fourth to one-fifth of all the inmates in workhouses, one-tenth of the prisoners, about one-half of the girls in rescue homes, one-tenth of the tramps all over the country, and two-thirds of the inmates of homes for inebriates, are mentally defective.

To the sociologist, the problem of feeble-mindedness is a crying one. The idiot by natural tendencies dies out in his generation; not so the higher grade imbecile, whose procreative instincts are not infrequently abnormally developed, and who, unrestrained by any moral code, begets his kind in ever-increasing numbers.

CHAPTER XXVII

INSANITY AND THE LAW

THE CRIMINAL INSANE AND THE INSANE CRIMINALS

THE ordinary sane criminals may be divided into three classes :

(1) Those who, not being really criminally disposed, have fallen at some moment of temptation in consequence of the extraordinary pressure of exceptionally adverse circumstances. They have committed a single crime, which they are never likely to repeat; but the law punishes them by way of warning, and an example to others. Their crime is a chance crime, and the main effort ought to be to save the first offender.

(2) Those who, having some degree of criminal disposition, might still have been saved from crime had they had the advantage of a fair education and of propitious conditions of life, instead of the disadvantages of an evil education and of criminal surroundings. These are the criminals whom every effort should be made to reform.

(3) The born criminals, whose instincts urge them blindly into criminal activity, whatever their circumstances of life, and whom neither kindness, instruction, nor punishment will reform. This class furnishes the professional criminal, who deliberately seeks crime, whatever his opportunities for earning an honest living, and the one main thought must be to protect the community against them.

The first time a man is in prison often by accident ; the second time it shows some leaning towards vice ; and if he comes a third time, it is almost a certainty he will return.

This last class forms the typical criminal, who is born

in crime, born into crime, and whose vocation is crime, by a physical and psychical proclivity ; they are men in whom the selfish tendencies predominate over the moral and religious sentiments and altruistic motives, and whose intellectual powers, instead of inhibiting such tendencies, are employed to further them and to supply means for their gratification ; moreover, such men are usually not influenced by domestic affections, and much too insensible to the esteem of others to be prevented from committing crime. Investigations have been made which show that in this type of men, not only the moral, but also the physical sensibility is much diminished, and that they are less susceptible to pain than normal men.

That they are not amenable to moral treatment is shown by the frequent recommittals and by the apparent absence of all remorse. According to the evidence of night-watchers of prisoners, they sleep as soundly as the rural cottager, the simple peasant, or the most innocent in the quiet homes of social men. Repentance is rare. All the appliances of chaplains and teachers, with all the discipline of prison legislation, fail to turn them from the error of their ways. One cannot make an old fox into a house-dog, and one cannot make an honest working-man out of an old thief. The criminals who do sincerely repent are those who have been drawn into crime through imprudence, or an unfortunate fit of passion, poverty, and sore need, or from other very pressing external circumstances. When the fatal occurrence of circumstances has passed, the milder inner feelings become active. This is what usually occurs in the case of crimes committed in a fit of passion. After the event, total contradiction is manifested between the natural sentiments and the act committed, and this contradiction is what constitutes repentance, or the natural conscience. (See also *Moral Weak-mindedness* in previous chapter.)

It is commonly taken for granted by lawyers, that if a rational motive can be found for the criminal offence, such as lust, rage, greed, or any other passion, there is no ground to allege insanity, or, at any rate, no ground to allege exemption from responsibility by reason of insanity. In the eyes of the law the actual madman acts without motives or acts from insane motives. But

insane persons have the same feelings and passions as those who are not insane, only they are not restrained to the same extent as normal persons.

The difference between the madman and the criminal is that the one *cannot* and the other *will not* exercise self-control. The one is to be pitied, the other must be blamed and punished.

We are not all alike in our organisation or our education ; the problem of life is easier for one than for another ; some of us have more temptations than others—but this does not compel us to yield to them. So long as a man is himself—so long as he is not a madman—he has at every point the power to say " Yes " or " No." He can, in other words, exercise self-control and self-denial if he will. Only it is difficult sometimes to settle exactly when this self-determining power ceases and real insanity begins. There is a perennial conflict between lawyers and the medical profession as to the responsibility of those who are on the borderland of sanity. The lawyer is a very useful person to find out whether or not the crime has been committed by the criminal, and whether the evidence of his past history is deposed to by truthful witnesses or not ; but the mental expert alone can satisfy himself as to his true characteristics, and the best method of treatment.

Whether a man is mad is a medical question, upon which the judge wants our advice. Whether he is responsible is a legal question on which we can throw light, but the decision of which concerns the lawyer.

The expert should properly seek to determine in his own mind whether the person was insane, as he would do in his consulting-room, or in his hospital, and as all authorities approve. He may seek to differentiate between mental disease and an act performed in an ebullition of anger, jealousy, envy, or other unconquered passion, which for the time had the mastery, or whether the deed done was that of an insane person, with criminal tendencies and selfish motives. He may even take note and report on the influence of heredity and environment of the accused, and any temporary circumstances that may have helped to determine the act. But it should not be the expert's business to determine the degree of legal

responsibility of the accused. That should be the business of the lawyers, after they have heard the expert's evidence.

There are mental states that may modify responsibility in some degree, though they do not wholly excuse a crime or violation of laws that are established for the protection and welfare of society. It is for the expert to state his case as fully as medical and psychological knowledge enables him to do, but the conclusion as to culpability may be left safely to the magistrates or judge. That the medical evidence should be made the subject of argument between two opposing counsel, and the sanity of the criminal should be left to be determined by twelve inexperienced jurymen, is an antiquated proceeding which has little to recommend it.

In this country, the question of the commission of a crime and its excuse on the plea of insanity are the joint subjects of our judicial investigation at the trial of a prisoner. But this is not the case in other countries; notably it is not the practice in France, where the code of procedure enacts that when the magistrate, during the examination, perceives, or is informed by attested certificates, that the person accused of crime does not enjoy the full measure of his intelligence, he is to suspend his examination and to make an order by virtue of which one, two, or three experts are requested to examine the accused. These experts, having been sworn, examine into the particulars of the crime and the prisoner's history, and they examine the prisoner himself as often as need be, either in prison or elsewhere; and they can even have him removed to a lunatic asylum for the purpose of prolonged observation. If they report that the prisoner is insane, the magistrate generally accepts their verdict as final, and issues an order of *non lieu*, or no jurisdiction. Upon the report of these experts, or on the report of another set of experts whom the court has the power of appointing if not satisfied with the first, depends whether the trial for the crime itself does or does not take place. But at the real trial the question of irresponsibility cannot be raised. Practically the same system prevails in Austria, and some other European countries.

Under the English system, the mental condition of a

prisoner on trial is too often decided in court, upon the partisan evidence of medical witnesses who sometimes contradict each other; or, in ordinary prosecutions where the prisoner is undefended, he may be found guilty by the jury on the evidence of sanity or insanity presented to them by the prison doctor. Prison is not a suitable place for the observation of lunacy. Such a procedure has long ago been discarded in many of the American States, and in Germany, where special facilities for observation are provided.

It is a settled law that every one is assumed to be sane until the contrary is proved, and the burden of proving that an offender is insane lies upon him who asserts it; but an offender having been proved to be insane, I agree with those who hold that the burden of proving that his insanity had no connection with the offence with which he is charged should lie upon the prosecution. I think that this would better serve the ends of justice than the present method, by which the defence must prove not only that the prisoner was insane at the time the offence was committed, but that the insanity was of such a character as to deprive him of the knowledge of the nature, quality, and wrongness of the act. Even, however, if the suggested rule of law were to be substituted for that in existence, it would be far from covering all cases, for many offences are committed by persons whose minds are temporarily disordered, but who are not insane in any but a technical sense, which would probably not be admitted in a court of law.

If there were not the difficulty between the medical recognition of insanity and the legal definition of it, criminal lunacy would be largely preventable, for there would not be so much delay in the registration and treatment of insane persons, nor so much premature release of men under treatment. The number of crimes and attempted crimes that result from these two conditions is very considerable. There are walking about in our midst plenty of potential criminal lunatics whose insanity is not recognised. Nobody knows when it may be his turn to enact the part of victim in a realistic drama of blood. How often do we read reports of inquests of

murder and suicide! Often not much notice is taken of these cases, because the accomplished deed having had a sobering effect on the criminal lunatic, he, in a great number of cases, turns the weapon upon himself. How often, too, does a patient who behaved admirably while under restraint, attempt murder or self-destruction on the very day of his release!

All these difficulties arise because of the great difference between the medical and legal interpretation of insanity. The legal interpretation of insanity is too high, and so the object of all lunacy legislation from a public standpoint is defeated, namely, to prevent the lunatic from becoming actually dangerous to himself and others—to prevent him, in short, from becoming a criminal lunatic. No stronger confirmation of the truth of this is needed than that as many as 89 per cent.—or let us say the great bulk—of the crimes of criminal lunatics are crimes of violence.

Mental physicians maintain that the existing law is wrong, and that it is not in accord either with our practical experience or with the advance of mental science. The legal profession answers that their duty is simply to act in conformity with the law as it stands, yet we are all animated with but one desire—that justice be done to the unfortunate criminal whose mental disease has either directly or indirectly caused his criminality!

Now, what is the law which we so generally condemn? We can sum it up in this one question: Was the accused, at the time of the committal of the act, labouring under such a defect of reason, or disease of mind, as not to know the nature and quality of the act he was committing, or that he was doing that which was wrong? This is the question the judge has to put to the jury, and it is to this question only that medical experts have to formulate an answer, and prove by facts elicited by them or sworn to by witnesses.

The criminal is assumed to be conscious of the nature and quality of his acts, to know that they are injurious or noxious and worthy of punishment, and to be able to control them. An insane person may cause the same injury to society as a criminal, but, seeing that he

is not able to control his acts, or is impelled by some false idea for which he is not responsible, or is ignorant of the nature and quality of his act, and its consequences to himself and others, he is not punished. In the one case the person is supposed to be able to recognise right and wrong, and to act accordingly ; in the other case he is not able so to distinguish and to decide.

There are comparatively few madmen of whom it can be truthfully said that they have no proper knowledge of right and wrong. They often do wrong by reason of their mental disease, but most of them know at the time that such act is wrong and against the law of the land. They may have the power of *distinguishing* right from wrong, but they have not the power of *choosing* right from wrong. They are often conscious of doing wrong, but have not the power to stop the brain machinery which impels them so to act ; they lack the self-control. They are often the slaves of a conception which they not only cannot check, but they may even devise subtle means of carrying the conception into action.

Taking even sane persons, it must be apparent to the most ordinary observer that the majority of authors of violent and reckless crime, especially homicide, manslaughter, and serious assaults, are under such influence of passion as to obscure reason and reflection for the time being, and that they are not thinking at all at that moment of the consequences of their acts, or that they are doing wrong. Whether a jealous husband shoots his wife's lover to vindicate his own honour, as sometimes happens in France, or a burglar stabs a policeman in order to prevent himself being arrested, as sometimes happens in England, each may be, at the time of the act, incapable of distinguishing right from wrong. In the first case the thirst for revenge, in the second the desire for liberty, completely deadens the moral sense.

At the back of human nature, and no doubt existing as a survival of ancestral conditions, we often have obscure tendencies towards killing, torturing, destructiveness, appropriation, misrule, irritating and teasing others, " cussednesses " of every sort, which sometimes will show themselves in spite of Christianity and in

defiance of morals. These feelings and obsessions in such persons are always worse when health is bad. The suddenness of the temptation or irritation makes a great difference to its being yielded to or resisted. If you suddenly strike, most men will automatically return the blow. Place cold water before a man dying of thirst, and he will take and drink it, if it was fifty times the property of another man. Take a person in anger, he may hurl words at his antagonist, which he has cause to regret when regaining his equilibrium, he may even strike him, and appreciate his own act only after it has been executed. Thus, even a sane person is not always sane—that is to say, he can be guilty of insane acts.

How unsatisfactory the legal test is may be shown by the following example : A man who has led a steady and consistent life, one tenderly attached to his wife and family, respected and esteemed by his neighbours and friends, without any conceivable motive, possibly without manifesting even any premonitory symptoms indicative of mental derangement, and it may be without any traceable hereditary tendency thereto being discoverable, rises in the night, murders his wife and children, and probably attempts his own life. Should the unfortunate man succeed in self-destruction, but little difficulty then is found in arriving at the verdict of temporary insanity ; but if he survives to take his trial, the plea of insanity may fail, and the madman will be left for execution, unless sufficient interest be excited to procure a reprieve of the sentence.

We ought to inquire in all criminal cases into the individual history. Often there has been some injury to the head affecting the brain, and consequently the mind and character. Let the reader compare the following two cases :

1*st Case.*—After being two years married, a working couple had to live separate because the man was out of work, but they actually visited each other. He was fond of his wife, and had no reason to complain of her, only he did not want her to work for his living as well. According to medical testimony, this man had been thrown from a

horse, with his right temple against a stone wall, so violently that he remained unconscious for a month. It was thought then that he would become of unsound mind. His general demeanour had altered, but not much.

Four years later this man received a second severe injury, when he fell from a ladder, again on to the temporal bone. He now was considered "cracked," and had to take inferior situations, such as a potman's.

In the midst of affection he one day cut his wife's throat. While under sentence of death he told the clergyman that he had murdered his wife because another woman had said she was unfaithful. Like an imbecile person, he believed it at once without inquiring into its truth.

An injured brain is unable to stand alcohol. This man, it was shown, was drunk before the murder, and the judge declared: "If a person by drinking deprived himself of his senses, and whilst in that state committed a crime, he could not plead the insanity of drunkenness in justification, because he voluntarily deprived himself of the power of his actions." This man was hanged.

The second case is one from my own experience:

G. W., a young man, received a blow on the temple from a cricket ball. He was knocked down, and remained insensible for several hours. For several days after the injury he remained dull and stupid. Slight spasmodic twitchings of the leg and arm were noticed on the opposite side to that injured, and at the same period a daily and increasing change of character. Before the accident he was kind and affectionate in his manner, and particularly attentive to the commands and wishes of his parents; but now he became spiteful, revengeful, and perfectly reckless. He was constantly quarrelling with his brothers and sisters. If requested to perform a duty, he became impertinent; and if checked in the least, he swore and used the grossest language. He was extremely mischievous. He destroyed the furniture whenever he had the opportunity, and did harm to his younger brothers and sisters. He was detected in an attempt to fire a quantity of wood in the cellar of

his father's house. He threatened to kill the whole of his family with a mallet, and seemed to enjoy the terror of his relations when they became alarmed at the destructive nature of his actions.

Physically he appeared quite well. He answered questions with the greatest composure and intelligence, but the moment he returned to his own home and was left uncontrolled, his actions became violent in the extreme.

This patient got well after treatment. Supposing he had been older and left to his own resources without supervision, he might have killed some one, and, according to the justice exercised in the previous case, he too would have been hanged. Yet who will say that there is any marked difference between the two cases? The difference is one of degree only. Both were morally irresponsible for their actions, if not legally so.

The legal view of insanity is that it is a disorder of the *intellect.* It ignores the emotions and volition. But no one can be said to be of sound mind unless all the mental functions—intellectual, emotional, and volitional——are healthily performed. The legal test of insanity is simply a test of *knowledge,* whereas any one acquainted with diseases of the brain must be aware that the disorder expresses itself not only in perverted ideas, but in all sorts of perverted feelings, appetites, and instincts. The law does not embody that, but fortunately in practice it is often allowed. It is by no means unusual to find the disorders of the emotions and volition out of all proportion greater than the disorder of the intellect, and this is especially the case in regard to those victims of insanity who are most likely to bring themselves within reach of the criminal law. It is a common experience in lunatic asylums to find that the very persons who are most dangerous to themselves and those about them are the most intelligent inmates in the institution.

It is very difficult to perceive the motives of human action and to prove they are morbid, if behind the emotional stimulus there is no delusion or intellectual deficiency. Not only is there such a state as constitutional

immorality in an otherwise sound person, but in the early stages of insanity the psychosis may be slight, having only just begun, and a certain lucidity preserved, yet the patient may display a shocking degree of immorality in his feelings and conduct. In such instances the faults of character are out of proportion to the intellectual defects. The public are very ready to cast the stigma of insanity upon any one who talks foolishly, but hesitate to confer it upon the person who commits foolish acts.

Amongst persons of undoubtedly unsound mind we have the *hypomaniac* (Chapter XVIII), who may reason so ably that he gives the impression of being saner than in his normal state. The *melancholiac* (Chapter XIX) also reasons clearly, and his depressed condition may be mistaken for the outcome of remorse for the crime. The *paranoiac* (Chapter XXI) will defend his misdeed by able arguments ; his state of mind will have to be examined very closely to discover that he reasons from false premises.

There is perhaps no class of persons so much to be pitied as those who act on impulse, especially when what they do has the aspect of premeditation. Such impulsive actions are particularly common amongst the uneducated. Irresistible impulse is, unfortunately, no mere fancy, invented for the special benefit of accused persons. It has a real existence. All children act on impulse ; education is supposed to give us deliberation and hesitancy. There are few persons in ordinary life, even amongst the sane, who are quite free from occasional impulses to commit acts which are inconsistent with strictly moral rectitude. The particular nature of the desire differs with the individual, and with the same person under different circumstances. In our ordinary state of health, an impulse to do something sudden or violent occurs to many. Some feel an impulse to throw themselves down from a height or over the side of a vessel into the water. One person has a desire to scream in a crowded church or theatre, another to smash something valuable on the table. All these impulses are, by the healthy mind, resisted and controlled; but when the mind is not healthy, when by disease the controlling

power of the higher centres is inhibited, then an insane impulse may be let loose in any direction—homicide, suicide, mere wanton smashing, or causeless violence.

By an impulsive act is to be understood an act which is unpremeditated, which is undertaken on the spur of the moment, and without any, or with the minimum of, balancing of advantages and disadvantages to be obtained from the act. Impulsive acts are commonly the acts of those who have little power of self-restraint, and for this reason, as well as for their usually unprofitable character, they are regarded with reprobation. An insane person will suddenly start up from a state of quiescence, and even of lethargy, and commit a violent or unprovoked assault or act of destructiveness without warning, and apparently without premeditation.

Acts of extreme impulsiveness occur in neurasthenia (Chapter XVI) ; they are generally trifling, but cause great mental struggle and distress. When the act, such as pilfering, is committed, it is followed quickly by remorse. Hypomaniacs (Chapter XVIII) are amongst the insane most given to be the prey to their impulses, and as the disease progresses to acute mania, all power of inhibition is lost. Sufferers from *epilepsy* are especially liable to sudden outbursts (Chapter XXV). Epileptics, after a fit, frequently have a brief attack of furious mania before they recover consciousness. They are violent and destructive, being evidently excited by frightful hallucinations. After the attack has subsided, the individual returns to his normal condition, giving no indication of what he has gone through. In the less serious forms there may be no excitement, but the patient may act like a somnambulist, and do various things, normal, foolish, or criminal, of which he has no recollection on awakening. The person on whom the attack is made has, as a rule, no difficulty in restraining the patient, but a misfortune is almost sure to occur when the person attacked is asleep or is too feeble, as in the case of a child, to resist. Sometimes the dreamy state alone will take the place of a fit, and if the patient is suffering from minor epilepsy, which resemble simple fainting fits—*i.e.* without convulsions—it may be very difficult to convince a jury that a crime

committed during this state is due to a disease and should exempt the patient from responsibility.

To speak of insane impulses is not always correct. It is more often an "imperative idea," or "imperative conception." The idea has frequently been in their minds for a long time previously. The subject has been thinking and brooding over the matter until he has become controlled by the morbid idea.

The forensic importance of these impulsive acts has not been so fully recognised as it ought to be. In cases of obsession the absence of motive for the crime, and the existence of a motive against it, are important factors in the determination of the degree of responsibility that is to attach to the accused. If a person applies to the police to be restrained from committing a crime to which he is impelled by an obsession, if he seeks medical advice to counteract the obsession, if he enters an asylum and submits to its restrictions from fear that he may be impelled to commit the crime, and if in spite of all these precautions, voluntarily taken, circumstances occur which render the crime possible, and he commits it, it seems clear that he ought not to be held fully responsible for it.

From time to time crimes are committed for which no motive—or no motive that appears to the ordinary man adequate—can be assigned. Any one who reads the police reports must be struck by the number of apparently purposeless crimes that are committed. A husband murders his wife, with whom he has always appeared to be on affectionate terms; a man assaults without provocation an unoffending stranger; a woman murders the child to whom she has always been devotedly attached; a wealthy woman turns shop-lifter; a wealthy man steals the spoons from the table at which he is a guest, and many other crimes are committed every year in which the motives appear to the onlooker utterly inadequate. It is not to be wondered at when we realise how large the proportion is of the "borderland," or semi-insane, intellects. In alcoholic mania (Chapter XXIII) an unmotived murder may occur and the patient have no recollection of his deed.

To the sane criminal, the certainty of detection and punishment following on crime is a much more powerful

deterrent than the nature of the possible punishment that may ensue upon arrest. Whether criminal or not, every one is continually hoping to escape from the unpleasant consequences of misdeeds, however trivial those may be.

The question of sanity has to be decided chiefly in cases of sexual crime, larceny, manslaughter, and murder.

With reference to **sexual crime**, the chief offender is the man suffering from general paralysis of the insane (Chapter XXII). His sexual excitement, which at the commencement of his disease is often in excess, may result in rape, exposure of the person, and other acts of indecency. Such patients have lost the sense of propriety, and are apparently unconscious of doing wrong; at least, they seem to take no precaution to prevent detection. In senile dementia (Chapter XXII), too, there is often erotic excitement, leading to assaults on children, pæderasty, and other perverted manifestations. On the other hand, false accusations are often brought by hysterical young women (Chapter XVII) and elderly spinsters in the climacterium (Chapter XXIV), such as that liberties have been taken with them.

Kleptomania (see also Chapter II) occurs in the mental disorder which sometimes accompanies pregnancy (Chapter XXIV). Theft may also occur in neurasthenia (Chapter XVI), but is usually followed by a frank confession. Weak-minded persons (Chapter XXVI) are prone to commit petty acts of larceny. The hypomaniac (Chapter XVIII) sometimes steals whatever he can lay his hands on, but the articles stolen are often thrown away as soon as they are in his possession, and he steals almost openly. General paralytics (Chapter XXII), in the early stage of the disease, not infrequently steal without reflection, though sometimes with ingenuity, as a rule any article that takes their fancy. They also commit frauds of every kind, generally neglecting ordinary precautions. In the later stages of general paralysis they again steal, but this time under the delusion that everything belongs to them. They then appropriate all sorts of articles, hoard and conceal them, and immediately afterwards lose all recollection of them.

Theft may occur in persons who from childhood have been "morally weak-minded" and easily yielded

to temptation (Chapter XXVI). Their insanity can be proved only by investigating their entire history, from infancy onwards, and by showing the co-existence of other defects of morality.

Another important class of kleptomaniacs are those who are perfectly sane in every other respect, but have morbid impulses whenever there is any temptation to pilfer. Such impulsive stealing has certain points which it is of importance to know. The person may be rich and by no means ungenerous with his money, and may yet appropriate articles which are worthless in themselves and of no practical use to himself, the articles stolen being generally of the same kind—handkerchiefs, ties, watch-chains, scarf-pins, books; moreover, the stolen goods are not parted with for personal gain, but are accumulated uselessly. The gratification is in the doing of the act, and when it is done, the thing stolen is not valued or desired. It is often given away, or put away and never inspected again. These are essential points which should be remembered in diagnosing a case of kleptomania from theft.

As regards **manslaughter** and **murder**, assaults on a person, with or without intent to kill, are made in acute mania (Chapter XVIII). There need be no delusion whatever; the crime is simply the outcome of ungovernable passion. A person suffering from melancholia (Chapter XIX) may kill his wife and children, hearing the voice of God within him commanding him to do so. Often the delusion of the melancholic is that some terrible calamity is impending over himself and those who are near and dear to him, and to save them from the calamity he takes their lives and then his own. Persecutory hallucinations and delusions may cause the acute alcoholic (Chapter XXIII) to turn upon his supposed enemies and attempt to kill them. Wife-beating, inhuman treatment of children, attacks upon associates as the effect of blind passion, are common to chronic alcoholism. Assaults may also occur as the result of delusions, as in paranoia (Chapter XXI), and may be unpremeditated or designed. The paranoiac kills a stranger, mistaking him for his long-sought enemy. The murder is done openly, and he justifies it.

Political paranoiacs are common. They are men with tainted brains who speculate on political affairs until they get fixed ideas that the State is mismanaged, that the people are wronged, or else they have imaginary grievances, or real but exaggerated, against certain officials. Paranoiacs dwell on these ideas so persistently, although in every other respect reasonable beings, that the brain, so to say, becomes soaked in them and the conduct becomes affected. They are particularly apt to make attacks on persons in high places, in order that the notoriety they thereby achieve may draw attention to their case. If a murder of some exalted personage is the result, popular indignation rises so high that even when the insanity is pronounced, feeble or no attempts are made to prove it. Many anarchists are men suffering from a form of paranoia, and, misguided by political obsessions, they think themselves persecuted and called on to act as martyrs and to kill some great person in the name of Liberty.

In the case of a mother who has killed her infant, the possibility of puerperal mania (Chapter XXIV) should be remembered.

A considerable number of murders are committed with such an excess of brutal and revolting violence as seems to establish a prima facie case of insanity in the murderer, and some of these are committed by persons known to be epileptic (Chapter XXV). In such cases the victim is not only killed, but mutilated or battered almost out of semblance of humanity.

Here is one of the numerous examples one may read in the daily papers. It is copied from the newspapers of July 19th, 1908:

ROADSIDE MURDER

DEATH SENTENCE FOR TERRIBLE CRIME

JURY DISAGREE WITH DOCTORS' EVIDENCE

Yesterday the Yorkshire roadside murder was the subject of investigation at Leeds Assizes, where James Jefferson, 21, labourer, of North Shields, was condemned

to death for the murder of Mrs. Elizabeth Todd, 31, on the roadside at Otley Chevin, in May last. Mr. Bruce Williamson, for the Crown, said there arose the question as to prisoner's mental condition, and as to whether he was fit to plead. He proposed to submit evidence as to his mental condition. Medical evidence was then called. First, Dr. Edgerley, of Menston Asylum, gave evidence, and then Dr. Exley, of Armley Gaol. They both considered him unfit to plead, but the witnesses having been questioned by the judge at considerable length, the jury found that prisoner was fit to plead, and the trial proceeded. The murdered woman, wife of a shoemaker living near Otley, had been on a visit to her mother's house some little distance from her own home, and on her way back she was overtaken or was met by the prisoner. It is alleged that without any reason he assailed her with a knife. Ferocious and unexpected as was the onslaught, she made a valiant but unsuccessful fight for life. Repeated stabs killed her, and it was stated that accused was still wrestling with her dead body, endeavouring to cut off the head, when Mr. Helliwell, a provision dealer, driving along the road, was the horrified spectator of the terrible crime. Whipping up his horse, Mr. Helliwell dashed off at full speed for assistance. A quarter of a mile up the road he found some men, and drove back to the scene of the affair. By that time the man had disappeared, and so had the body, but after looking round the searchers espied over a wall the prisoner, who was hacking at the body, then headless and stripped of its clothing. Mr. Helliwell called out, but the prisoner made no reply, and continued to cut away at the victim's arm. Prisoner was seized, and he said, "I do not know what made me do it." At that time the woman's head was lying some distance away in the field. The crime created a great sensation by reason of the fiendish brutality and amazing callousness shown by the prisoner. Yesterday the chief interest in the case centred in the defence. Drs. Edgerley and Exley, recalled as witnesses for the defence, gave evidence. The former expressed the opinion that prisoner was mad, while the latter said he believed prisoner knew he was killing the woman,

but witness did not think he appreciated what he was doing. The evidence of Dr. Ellison, deputy medical officer of Armley Gaol, fully confirmed that of Dr. Exley. Mr. Lawrie, for the defence, ridiculed the idea of robbery, and, apart from that, urged that no sane man could have been guilty of the crime alleged against prisoner, who could not have had the smallest knowledge of the offence he had committed. The judge, in summing up, said there was no doubt prisoner had committed a murder of a ferocious and fearful character, and the only question was whether, when he committed the deed, he knew what he was doing. Prisoner, a feature of whose trial was that he had at first pleaded guilty, and then, at the instance of the judge, pleaded not guilty, was found by the jury to be guilty, and was sentenced to death. Prisoner, after jury's verdict, persisted that he was not in his right mind at the time the crime was committed.

I may add that the Court of Appeal quashed the conviction.

The act of homicidal insanity is different in its nature and moral causes from the crime of the murderer. There is either no motive or the act is committed under the influence of a motive which, to a sane mind, would be quite inadequate.

The insane homicide often kills a number of victims at a time, slaughtering all within his reach. Murderers, on the other hand, seldom shed more blood than is necessary for the attainment of their object.

The manner in which the murderer sets himself to the consummation of his crime as well as his subsequent conduct is very different from the proceedings of the madman. The former often has accomplices, he commences with premeditation, lays a plan beforehand, chooses time, place, and circumstances adapted to the perpetration of the deed, and generally has contrived some method of escape after the crime. He always studies concealment and personal safety, and when there is danger of detection, uses all possible cunningness to escape the punishment due to his crime. All these particulars are reversed in the proceedings of the madman. He has no accomplices, he never communi-

cates his purpose to any human creature, he rushes on his victim, for the most part, as if driven by a sudden impulse, seizes whatever weapon chance throws in his way, and sometimes seems to be excited irresistibly to the attempt by the sight of implements fitted to his purpose. He lays no plan for escape, and seldom attempts it after perpetrating the act. Often he has been known to sit down quietly when he could easily escape, and wait till he is seized by the officers of justice. In many instances the insane homicide has avowed his act with perfect indifference, and without exhibiting any sign of regret or remorse, or apprehension of censure, or dread of punishment; sometimes he has surrendered himself to officers of justice, and expressed a wish to suffer the penalty of the law.

The victims of the madman are generally persons to whom he had been attached, often his relatives, his wife, and children; sometimes they are persons whom he had never before seen, entire strangers against whom it is inconceivable that he could have any motive of malevolence.

The great majority of inmates of Broadmoor Criminal Lunatic Asylum are under detention for grave crimes of personal violence—murder, manslaughter, or attempted murder—recent statistics showing that only eleven per cent. are under detention for other offences. In respect of crimes of violence against the person, epilepsy, alcoholism, and persecutory delusional insanity occupy positions of evil pre-eminence.

In the course of thirty years there were at Broadmoor Asylum, amongst the total number of patients admitted, twelve per cent. who were described as epileptic. A tabulation of the crimes and offences of these epileptic patients showed that sixty-six were guilty of homicide, forty-one of attempts at homicide, twenty-eight of larceny, seven of arson, six of burglary, three of manslaughter, and the rest of other offences. That epilepsy is not more frequent among criminal lunatics, as might be expected, may be explained by the fact that persons suffering from epilepsy are usually, when at large, kept under observation, and thereby prevented from committing harmful acts.

Drink is doubtless a potent factor, either directly or indirectly, in the production of crime and insanity; but it is very difficult, in the consideration of its influence, to estimate accurately how far it is the original, or, it may be, sole cause of the one or the other, or how far the drinking habit or drunkenness is more or less the effect of pre-existing mental weakness or mental instability. Each case has to be considered separately and on its own merits. No doubt, whatever, it frequently happens that an ordinary lunatic or weak-minded person is converted into a criminal by the toxic action of alcohol upon his brain. (See Chapters VIII and XXIII on Alcoholism.)

The defence may wrongly assume drink as a cause of crime in a hypomaniac, whereas it is part of his insanity that he squanders money on drink and vice, and his condition is aggravated by alcohol and sexual excesses or perversity.

As regards delusional insanity, the man who believes that he is the victim of a plot, by which he is continually being injured in mind, body, and estate, and who is haunted by the notion that the plotters are all around him, though he cannot identify them, may surely receive some consideration if he turns upon one of his neighbours and assaults him, even though he has no reason to, and may not associate his victim in any way with the plot. These patients often object to the defence of insanity in their behalf. They do not like to be called insane. They resent the imputation most vigorously, for it is a well-known characteristic of delusional patients to defend their delusions, and this they will do at the risk of their lives, even when on trial for murder.

A delusion having the same power with a maniac as a rational belief with a sane person, it is not surprising that acts of violence, extending even to murder and suicide, are committed. As the law stands, an insane delusion is a defence to a criminal charge only when the imaginary facts would, if really existent, be a legal justification. If A kills B under the delusion that B has slandered him, he is guilty of murder. But if A kills B under the delusion that B is trying to kill him, he is not guilty of murder.

Auditory hallucinations are often the precursor of

insanity, and it should not be forgotten that the voices heard may incite to murder. I could quote several examples from my own practice. False accusations may be brought by insane persons owing to insulting voices they hear. Such a condition may lead to a carefully planned action against particular individuals, or may result in a sudden violent attack on a chance passer-by who happened to look at the person or made some innocent remark.

Voices may also be heard by apparently sane persons suffering from internal ear trouble, and this latter complaint, even without any auditory hallucinations, may lead to irresponsible actions by direct or reflex irritation of the brain. For illustrative cases see the author's book on *Mental Symptoms of Brain Disease* (Rebman, 1910).

Injuries to the head sometimes cause a deterioration in brain energy and consequent weakening of the character with criminal dispositions. In others, injuries of the head give rise to morbid impulses of a criminal nature, which the person is conscious of, but cannot control. For cases descriptive of such a condition, see also the above-mentioned work.

Technically, and in practice, the term "criminal lunatic" is not applied except to a person who has committed a crime, and who is for that reason under special detention as a lunatic; and it matters not whether the priority of occurrence was with the insanity or with the criminal act—that is, whether the individual in question was insane when he committed the crime (King's Pleasure Lunatic) or was a criminal when he became insane (Secretary of State's Lunatic). Socially, of course, and in some senses psychologically (as in the matter of treatment), it is not unimportant to distinguish between an individual who, while insane, commits a crime, and a criminal—and more especially an habitual criminal—who becomes insane while undergoing imprisonment—in short, between a criminal lunatic proper and an insane criminal.

Besides the insane criminal and the criminal insane we have the far larger number of weak-minded criminals, who cannot be certified as insane, and for whom, until recently, there has been no other place than the ordinary

prison. If not insane, but weak-minded, the prisoner can now be sent to Parkhurst Convict Prison, where there is a special class of weak-minded convicts, who are kept there under observation and whose discipline is not of a penal character. If such weak-minded people, who are not wholly responsible, but who cannot be certified as insane, are sent to ordinary prisons, as they are in the majority of cases, for varying short terms, the punishment has no deterrent effect, and the probability is that they return again and again to prison for other offences at very short intervals.

There is an immense number of mentally defective children for whom no provision is made, and for whom their own poor families are unable to care, hence they drift into crime for want of attention in early life. Feeble-minded children who commit lawless actions cannot be sent to an ordinary industrial school; as soon as their mental condition is discovered, the school refuses to keep them. If they are not lunatics, and if they are not idiots, under the Idiots Act, they are uncared for by the State. The private and public institutions for idiots and imbeciles are so few in number—compared to the mass of weak-mindedness that exists in this country—that they really do not count. To remedy this state of affairs, there are two Bills before Parliament: the "Mental Defect Bill," based on the Royal Commission's Report and introduced by the Government, and the "Feeble-minded Control Bill," prepared conjointly by the National Association for the After-care of the Feeble-minded and the Eugenics Education Society.

A large number of juvenile offenders, in whom the connection between mental defect and criminality may be observed in the earliest stages, come before the magistrates. But unfortunately no advantage is at present taken of this opportunity of dealing with the evil at its first manifestation. At a little later stage these unfortunates are sent to prison, or are "bound over," or are discharged. Unless certified as insane they cannot be detained. Even if treated as insane, which they can hardly be under the present law, on discharge to the workhouse, the Poor-Law medical officer and the magistrate may refuse certification and order of deten-

tion. There is no institution intermediate between the prison and the lunatic asylum to which they may be admitted.

The weak-mindedness of the accused may be proved by arrested brain-growth, as in microcephalics, or there may be weak-mindedness due to hydrocephaly, besides other causes. (See Chapter XXVI.)

To get at the true facts of responsibility, we must examine, therefore, not only the statistics of criminal lunatics, but also the statistics of mentally defective persons found in our prisons. I have before me the report of one prison doctor who, in his own institution, claims to have found ten and a half per cent. mentally defective criminals. In one gaol 600 mental defectives passed through in one year. Seventy cases had at least forty convictions each, while three had 102 and another ninety-four. At the same time, it must not be forgotten that there are many degrees of feeble-mindedness, and that the simple occupations and surroundings of prison life make so little call upon the intelligence, that it is not always easy to estimate the degree or amount of defect.

If the mental defect is of the intellectual variety, there is usually no difficulty in recognising it. But if the effect is a moral one, it is difficult for any one but the expert to distinguish between iniquity and folly, wickedness and crime. For the offspring of poor parents, who suffer from moral weak-mindedness, there is nothing but the prison; but even the offspring of wealthy parents often have to go to gaol.

Many youths without any unusual incentive to crime, and with every possible inducement to virtue, are observed to abandon themselves wilfully to evil practices, and from their childhood to manifest a disposition presenting a strange compound of intellectual power and moral culpability. They suffer from an abnormal excitement of the passions and imperfect development of the higher moral sentiments. The parents may have consulted various experts in mental diseases, but no permanent improvement resulting, and further disgrace being brought upon the family, and all attempts to get the boy or girl certified as insane having failed, they have

to stand by while their child is sentenced as an incorrigible criminal, fortunately often under another name than that of the family. Again, I could cite various examples from my experience.

One of the first signs of such **moral weak-mindedness** (Chapter XXVI) in early youth is an incapacity to tell the truth. These children lie to themselves and to others continually, until they are no longer capable of distinguishing clearly between that which has been experienced and that which has been invented. This habit, unless treated early, becomes rooted and remains through life. In adult years such persons cheat and make up things, either half consciously or quite unconsciously. They are instinctive liars, and are incapable of speaking the truth, even if they are put on their oath. Such a pathological liar confuses the products of his fancy with realities. False memories constantly disturb his reproductive faculty. Since he plunges with his whole attention into the deceptive creation of his fancy, in such a way that they become realities to him, he has an assured appearance, and he presents his humbugs and swindles so ingenuously and naturally, with such an innocent expression or with such unfeigned enthusiasm, that he succeeds again and again in convincing his fellow-men, where a conscious liar, who coolly and clearly measures his words, in constant fear of contradicting himself or being trapped, meets with instinctive mistrust. In the consciousness of the common or normal liar, two trains of thought flow beside each other—the thought of the truth and the thought of the lie—and they trip each other up. In the brain of the pathological liar all is unified, and so he can carry through the most audacious swindles artistically and with inner conviction. Thus he drags a multitude of credulous souls with him to ruin. The public believe blindly in his alluring portrayals, his poetic effusions, his fairy tales, until at last some chance or the reflection of a thoughtful man brings the end with panic, and usually a sensation in the courts. Then, as though wakening from a dream, the pathological liar collapses, for the moment almost as astonished and dismayed as his victim—only to begin soon again, for he cannot help himself.

In order to prove insanity of an alleged criminal, we ought to be able to prove either previous irrational acts or that the man was actually out of his mind at the time. Previous existence of head-injuries or of a history of epilepsy, as well as evidence of hereditary predispositions to insanity, will all assist in coming to a correct conclusion. There may be abnormalities in the shape of the head, anomalies of the pupils, motor or sensory disturbances, and loss of reflexes such as occur in the beginning of organic diseases of the brain and nervous system. There may be a history of hæmorrhage or arterial disease affecting the brain, multiple sclerosis, or senile changes, etc.

An expert in mental disease is almost sure in a genuine case to find other signs of insanity than are evident from the criminal act itself, and none but experts should be called upon to give evidence.

We ought to mention here also, as being of interest to lawyers, the **self-accusations** of melancholics (Chapter XIX), which may lead to the arrest of the wrong person ; and the false accusation of others by paranoiacs (Chapter XXI), due to delusions.

Foolish controversies, litigation, and criminal proceedings may be started by persons suffering from hypomania (Chapter XVIII). Litigation is also often started in a particular form of paranoia (Chapter XXI). Unjust accusations are made and gross libels published in the maniacal stage of manic-depressive insanity (Chapter XX). This form is usually first apparent in its subjects after some disappointment in a law-suit, which apparently gives the starting-point for the building of delusions in the unstable mental organisation. The patients show their insanity in constant litigation. They are continually starting suits and demanding justice. They never recognise the real relation of things, and they build up extensive delusions as to the rights they are deprived of and the wrongs they have suffered.

In conclusion, let me remark that one cause which has retarded the study of the mentally defective criminal is that amongst the general public there is a feeling of distrust that the tendency of the advancing study of the criminal is to ease him of responsibility and make

crime less repulsive by making excuses for it under the guise of psychopathic maladies, but no one has ever asserted that *all* criminals are mentally defective. There are many, no doubt, who are either weak-minded or of unsound mind, but they form a small percentage of the entire number of criminals, and we must remember that Society is bound to protect itself, whether the criminal be of sound or unsound mind. It must also not be forgotten that punishment sometimes stops even a lunatic from a criminal action. The conduct of most lunatics is in part sane and in part insane. While they may not properly be punished for the insane part of their conduct, they may properly be punished—though with mitigated severity—for wrong-doing, which belongs to the sane part of their conduct. Hence, some authorities hold that so long as the mind of the lunatic is clear enough to be capable of forming a true and intimate connection between the wrong-doing and the punishment which follows it, so long we are justified in inflicting upon him some punishment. The question of punishment is a matter for public opinion and the law to decide. But if the insane person must be punished, let the punishment be frankly meted out to him as an *insane* and not as an *ordinary* criminal.

INDEX

Abdominal complaints, Mental disturbances in, 136
Absent-mindedness, 68, 76, 82, 221
Accusations, Wrongful, 254, 257, 335
Acquisitive impulse, Excess of, 49, 52, 53, 182, 219, 324
Acts, Impulsive, 45, 218, 293, 309, 321, 323
Acute mania, 45, 228
Æsthetic sense, 82
Affection for relatives and friends in insanity, 56, 57, 227, 228, 229, 234, 248, 262, 265, 269, 286, 293, 298, 301
After-care of insane, 120, 193
Age and insanity, 109, 246, 250, 260, 264, 268, 285, 287, 290, 293
Agitated melancholia, 45, 239
Agoraphobia, 49, 216
Alcoholic delirium, **275–277**
— insanity, 43, 44, 47, 49, **273–280**, 325, 330
Alcoholism as a cause of insanity, 43, 109, **123–130**
— Acute, **275–277**
— and crime, 52, 128, 275, 277, 325, 330
— — reformatory treatment, 128
— Causes of, 125, 126
— Chronic, **277–280**
— Heredity of, 99, 123
Altruistic sentiment, Disorders of, 82, 182, 248, 278, 282, 306
Amusements for the insane, 173
Anarchists and paranoia, 326
Anger, Manifestations of, 39, **43–45**, 134, 182, 214, 221, 224, 226, 227, 229, 253, 257, 261, 265, 270, 274, 279, 294
Animal passions, Disorders of, **41–54**
Anxiety and fear, Unreasonable, 47, 48, 49, 70, 71, 133, 136, 163, 214, 216, 231, 233, 237, 246, 276, 282, 287, 290
Apathy, 233, 240, 256, 265
Appetite for food and its perversions, **42–43**, 64, 230, 237, 252, 261, 268, 270, 283, 287
Assassins, Political, 256, 326
Asylum superintendents, 22
— treatment of insane, **15–27**, 186
Asylums, Premature discharge from, 119
— Private, 24
— Voluntary boarders in, 16, 17
Atavism, 100
Attention, Defects of, 67, 182, 214, 221, 239, 246, 264, 267, 269, 293, 298, 302
Auto-intoxication, 75, 116, 132, 134
Avarice and insanity, 50

Backward children, 152, 207, **297–310**
Bodily conditions as a cause of insanity, **131–140**
— symptoms, Importance of, 37
Borderland insanity, 32, 35
Brain fatigue, Mental symptoms of, **213–219**
— Functional disorders of, 36
— injury and insanity, 138, **176–184**
— Mental functions of, 140, **143–151**, 180, 212
— Organic disorders of, 36, 38
— tumours and insanity, 138, 176, 183
Broadmoor Criminal Lunatic Asylum, Statistics of, 329

Catalepsy, 239
Causes of insanity, 43, **91–140**, 153, **176–184**, 202, 203, 204, 260

Certification of insane, 16, 18, 32, 108, 185, 191
Change of life, Mental disorders of the, 43, 54, 61, **287–289**, 324
Character changes after head-injury, 138, 180
— — in insanity, 36, 38, **41–90**
Chest complaints, Mental disturbances in, 136
Childhood, Mental affections of, 109, 223, **290–310**
Children, Backward, 152, 207, **297–310**
— Faulty education of, 113, 153
— Kleptomania in, 51, 324
— Moral weak-mindedness in, **305–310**
— Nervous, 153, 154
Children of drunkards, 123
— — insane parents, Treatment of, 104, 152, 192
— Precocious, 153
Choreic insanity, 291
Circular insanity, **245–249**
Civilisation and insanity, **107–122**, 264
Classification of insanity, 212
— — criminals, 311
Claustrophobia, 49, 216
Climacterium, Mental disorders of the, 43, 54, 61, **287–289**, 324
Cocaine intoxication, Mental symptoms of, **283–284**
Colony care of feeble-minded, **207–210**
Concentration, Practice of, 157
Conduct and insanity, 32, 37
Confusion of thought, 69, 72, 133, 228, 287
Contagion of insanity, 122, 187
Crime after head-injuries, 52, 182, 331
— and delusions, 325, 330
— — drink, 52, 128, 275, 323, 325, 330
— — insanity, 52, 182, 219, 249, 254, 256, 281, 296, 307, **311–336**
— — weak-mindedness, 53, 307, 324, **331–334**
— in acute mania, 229, 325
— — alcoholism, 52, 128, 275, 277, 325, 330
— — delusional insanity, 325, 330
— — dementia præcox, 266
— — disorders of women, 53, 56, 287, 324, 326
— — epilepsy, 52, 296, 322, 326
— — general paralysis, 53, 262, 324
Crime in hypomania, 53, 321, 322, 324
— — hysteria, 52, 324
— — manic-depressive insanity, 249
— — melancholia, 321, 325
— — neurasthenia, 219, 322, 324
— — paranoia, 254, 256, 321, 325, 326
— — senile dementia, 53, 324
Criminal lunacy in France, 314
Criminals, Classification of sane, 311
— Insane, 52, 182, 219, 249, 254, 256, 281, 296, 307, **311–336**
— Weak-minded, 53, 307, 324, **331–334**
Culture and insanity, 110

Day-dreaming, 68, 76, 82, 221, 224, 264
Definition of insanity, 36, 40
Degenerates, Segregation of, 206, **207–210**
— Sterilisation of, 206
Delirium, Alcoholic, **275–277**
— Hallucinatory-confusional, 73, 132, 291
— Inanition, 45, 64, 79, 132
— of pneumonia, 134
— — typhoid fever, 133
— tremens, **275–277**
Delusions, **74–78**
— and crime, 325, 330
— — testamentary capacity, 272
— in chronic alcoholism, 47, 279, 280
— — climacterium, 289
— — dementia præcox, 77, 78, **263–266**
— — general paralysis, 77, 78, **260–263**
— — hypomania, 77, 78, **225–228**
— — lactational insanity, 287
— — mania, 77, 78, **225–230**
— — manic-depressive insanity, 248
— — melancholia, 64, 77, **231–240**, 325
— — paranoia, 77, 78, **250–259**, 325
— — senile dementia, **268–271**
— of exaltation, 37, 59, 77, 78, 182, **225–230**, 248, 254, 255, 261, 263, 266
— — jealousy, 60, 280, 284, 286, 289
— — poisoning, 43, 64, 237, 252, 268, 287

Delusions of suspicion and persecution, **45–47**, 64, 77, 78, 134, 136, 243, **250–259**, 263, 270, 272, 277, 279, 282, 283, 287
— Systematised, **250–259**
— Treatment of, 164
Dementia, 70, **266–272**, 297
— paralytica, Symptoms of, 43, 44, 45, 47, 55, 57, 59, 67, 77, 78, 81, 83, 243, 255, **260–263**, 324
— præcox, Symptoms of, 44, 57, 69, 77, 79, 86, **263–266**
— Primary, **266–268**
— Secondary, 90, 230, 256, 267, 280
— senilis, 53, 55, 67, 109, 243, **268–271**, 324
Depression, States of, 57, 77, 228, **231–244**, 246, 262, 268, 270
Diabetes, Mental disturbances in, 134
Diagnosis of insanity, **31–40**
Disorders of intellect, 37, 46, **62–78**, 82, 87, 144, 170, **179–182**, 213, 222, 225, 228, 234, 248, 251, 254, 260, 264, 266, 267, 268, 274, 278, 281, 283, 287, 293, 305, 320
— — memory, 66, 67, 180, 226, 262, 264, 267, 269, 278, 288, 299
— — perception, **62–66**
— — reason, 68
— — the animal passions, **41–45**
— — — egotistic feelings, 34, 58, 257, 269, 301
— — — ethical sentiments, 82, 83, 84, 182, 223, 248, 261, 263, 268, 278, 282, 306
— — — religious sentiments, 85, 182, 234, 254, 264, 265, 270, 293
— — — social feelings, 56, 57, 227, 228, 229, 234, 248, 262, 265, 269, 286, 293, 298, 301
— — women, Mental symptoms in, 53, 137, 243, **285–289**, 324, 326
Dream states in hysteria, 222, 224
Drink and crime, 52, 128, 275, 323, 325, 330
— as a cause of insanity, 43, 109, **123–130**
Drink-habit, Heredity of, 99, 123
— in insane, 227, 245, 248
Dual personality, 222, 246

Ear-disease as a cause of insanity, 182
Eccentricity, 33, 89, 166, 256
Education of children to prevent insanity, 152
— *versus* heredity, 97, 98
Educational over-pressure and insanity, 113, 153
Egotistic feeling, Excess of, 34, 58, 257, 269, 301
Electrical treatment of insane, 173
Emotional depression and insanity, 57, 77, 228, **231–244** 246, 262, 268, 270
— exaltation and insanity, 37, 59, 77, 78, 182, **225–230**, 248, 254, 255, 261, 263, 266
Emotions in hysteria, 220
Environment and insanity, 18, 22, 36, 173
Epilepsy and crime, 52, 296, 322, 326
Epileptic insanity, 44, 45, 64, 69, 86, **293–296**, 322, 326
Erotic tendencies, 55, 255, 269, 289
Ethical sentiments and insanity, 83, 182, 248, 278, 282, 306
Eugenics, **199–206**
Exaltation, 37, 59, 77, 78, 182, **225–230**, 248, 254, 255, 261, 263, 266
— in dementia præcox, 266
— — general paralysis, 59, 261
— — head-injury, 182
— — hypomania, 226
— — mania, 228
— — manic-depressive insanity, 248
— — paranoia, 59, 254, 255, 263
Exciting causes of insanity, 140
Exophthalmic goître, Mental disturbances in, 135
Extravagance in insane, 51, 227, 248, 261, 309
Family care of insane, 196
— influence on insane, 187
— treatment in Belgium, 196
— — — Scotland, 196
Fear and apprehension, Manifestations of, 47, 48, 49, 70, 71, 133, 136, 163, 214, 216, 231, 233, 237, 246, 276, 282, 287, 290
— of public places, 49, 216
— — enclosed spaces, 49, 216
Febrile diseases and insanity, 139
Feeble-minded children, **301–305**
— — Instruction of, 207
— Colony care of, **207–210**
— Control Bill, 210, 332

Feeble-minded, Royal Commission on the care of, 26, 208, 310
— Segregation of, **207–210**
— Statistics of, 31, 310, 333
Feelings, Excitement of, 37
— Paralysis of, 234
Fixed ideas, 48, **70–72**, 157, 214, 290, 326
Flight of ideas, 68, 69, 225
Food, Perversions of appetite for, **42–43**, 64, 230, 237, 252, 261, 268, 270, 283, 287
French procedure in pleas of insanity, 314
Frontal lobes and intellect, 149, 181
Furious mania, 45, 230, 263

General paralysis, Symptoms of, 43, 44, 45, 47, 54, 55, 57, 59, 67, 77, 78, 81, 83, 243, 255, **260–263**, 324
— practitioner and the treatment of insanity, 21
Genius and insanity, 86, 259
Gheel, 197
Gluttony in insanity, 42, 261, 268
Gout, Mental disturbances in, 134
Graves' Disease, Mental symptoms in, 135
Grief, Excessive, 57, 231, 233, 268

Hæmorrhage and insanity, 138, 176, 183
Hallucinations, **62–65**
— in alcoholism, 64, 276, 279
— — cocainism, 284
— — disorders of childhood, 290, 292
— — epileptic disorders, 64, 295
— — hysteria, 64, 222
— — inanition delirium, 64, 133
— — lactational insanity, 287
— — mania, 64, 229
— — melancholia, 64, 237
— — opium poisoning, 282
— — paranoia, 252
— — puerperal mania, 64, 286
— of hearing, 64, 65, 76, 252, 295, 330
— — sight, 64, 76, 237, 276, 279, 282, 284, 287, 291, 292, 295
— — smell, 64, 252, 277
— — taste, 64, 237, 252, 277
Hallucinatory confusional delirium, 73, 132, 291
Handwriting of the insane, 80, 225, 228, 298
Head injuries and crime, 52, 182, 331
— injury and insanity, 138, **176–184**
— Size of, 145, 150
Hearing voices, 64, 65, 76, 252, 295, 330
Heart affections, Mental disturbances in, 136
Heat-stroke and insanity, 137
Hereditary disposition to insanity, **93–106**, 202, 203, 204
Hoarding instinct in insanity, 49, 52, 53, 182, 219, 324
Home treatment of insane, 195
Homicidal insanity, 325, 328
Hospital treatment of insane in Glasgow, 194
— — — Munich, 194
Hygienic measures to prevent insanity, **160–175**
Hypnotism, Treatment of mental disorders by, 166
— Extraordinary case of, 167
Hypochondriacal melancholia, 238
Hypochondriasis, 49, 80, 217, 221, 238, 270
Hypomania, Symptoms of, 15, 43, 44, 47, 55, 57, 58, 69, 78, 80, **225–228**, 274, 321, 324, 335
Hypomaniacs and crime, 53, 321, 322, 324
— — litigations, 335
Hysteria, Symptoms of, 44, 49, 52, 55, 64, 72, 82, **220–224**, 324
— and crime, 52, 324

Ideas, Disorders of, 16, **66–78**, 133, 228, 267
— Fixed, 48, **70–72**, 157, 214, 290, 326
— Imperative, 70, 72, 321, 323
— Occult, 86, 238, 252, 253, 254, 265
Idiocy, 67, 69, 183, **297–298**
Idleness and insanity, 159
Illusions, 65, 76, 229, 237
Imagination, Disorders of, 82, 87, 222
Imbecility, 45, 69, 81, **299–301**
— and dementia, their difference, 70
Immorality and drink, 128
Imperative ideas, 70, 72, 321, 323
Impulses, Suicidal, 44, 48, 218, 235, 240, 243, 270, 287, 289
Impulsive acts, 45, 218, 226, 293, 309

Impulsive acts and crime, 321, 323
Inanition delirium, 45, 64, 79, 132
Incoherence, 68, 69, 133, 228, 267
Increase in insanity, **107–122**
Indecision, 214, 218, 220, 233, 264, 278, 284, 305
Individual treatment of insane, 22, 189
Inebriety as a cause of insanity, 43, 109, **123–130**
Infanticide, 56, 287, 326
Influenza, Mental disturbances in, 134
Insane, After care of, 120, 193
— Amusements for the, 173
— and their environment, 18, 22, 36, 173
— Asylum treatment of, **15–27**, 186
— Certification of, 16, 18, 32, 108, 185, 191
— Character changes in, 38, **41–90**
— diathesis, 99, 101, 103, 110
— Family care of, 196
— — influence on, 187
— Handwriting of the, 80, 225, 228, 298
— Impulsive acts by, 45, 218, 293, 309, 321, 323
— Individual treatment of, 22, 189
— Nursing of, 21, 23, 174, 189
— Occupation for, 171
— Private treatment of, 17, 21, **160–175**, 195
— Reception Houses for, 108, 191
— Restriction of marriage of, **199–206**
— Segregation of, **207–210**
— " Single " care of, 17, **160–175**
— Statistics of, 25, 31, 107, 112, 119, 329
— Sterilisation of, 206
— Testamentary capacity of, 249, **271–272**, 305
— their treatment a century ago, 15
— Travelling for, 165
— Treatment in Scotland of, 27, 190, 196
— — of children of, 152, 192
— When is a person, **31–40**
Insanity and abnormal sexual habits, 55, 137, 262, 265, 279, 289, 324
— — absent-mindedness, 68, 76, 82, 221, 224, 264
— — affection for relatives and friends, 56, 57, 227, 228, 229, 234, 248, 262, 265, 269, 286, 293, 298, 301
Insanity and age, 109, 246, 250, 260, 264, 268, 285, 287, 290, 293
— — appetite for food, **42–43**, 64, 230, 237, 252, 261, 268, 270, 283, 287
— — avarice, 50
— — choice of profession, 154
— — civilisation, **107–122**, 264
— — conduct, 32, 37
— — crime, 52, 182, 219, 249, 254, 256, 281, 296, 307, **311–336**
— — defective will-power, 214, 218, 220, 233, 264, 278, 284, 305
— — drink, 43, 99, 109, **123–130**, 227, 245, 248
— — emotional depression, 57, 77, 228, **231–244**, 246, 262, 268, 270
— — — — exaltation, 37, 59, 77, 78, 182, **225–230**, 248, 254, 255, 261, 263, 266
— — ethical sentiments, 82, 83, 84, 182, 223, 248, 261, 263, 268, 278, 282, 306
— — fear, 47, 48, 49, 70, 71, 133, 136, 163, 214, 216, 231, 233, 237, 246, 276, 282, 287, 290
— — febrile diseases, 139
— — functional disorders of the brain, 36
— — genius, 86, 259
— — hoarding instinct, 49, 52, 53, 182, 219, 324
— — idleness, 159
— — influence of culture, 110
— — intellectual disorder, 37, **62–78**, 144, **179–182**, 213, 225, 234, 248, 251, 254, 256, 260, 264, 266, 268, 274, 278, 281, 283, 287, 293, 305, 320
— — — — work, 114, 159
— — irascibility, 39, **43–45**, 134, 182, 214, 221, 224, 226, 227, 229, 253, 257, 261, 265, 270, 274, 279, 294
— — jealousy, 60, 280, 284, 286, 289
— — lack of attention, 67, 182, 214, 221, 239, 246, 264, 267, 269, 293, 298, 302
— — love, 55, 248, 255, 269, 289
— — — of life, 42
— — — — praise, 58
— — manslaughter, 325

Insanity and murder, 229, 254, 256, 296, 325, 326, 328
— — parental love, 55
— — self-assurance, 58, 227, 248, 261, 274, 303
— — self-control, 32, 34, 35, 49, 156, 203, 307, 308, 317, 321
— — self-esteem, 35, **58–59**, 226, 236, 251, 255, 303
— — self-introspection, 34, 60
— — sex, 109, 232
— — sexual excitement, 54, 55, 137, 262, 265, 279, 289, 324
— — shyness, 59
— — social feelings, 56, 57, 227, 228, 229, 234, 248, 262, 265, 269, 286, 293, 298, 301
— — society life, 113
— — suicide, 42, 48, 218, 235, **240–245**, 270, 287, 289
— — suspicion, **45–47**, 64, 77, 78, 134, 136, 252, 259, 263, 270, 272, 279, 287
— — temperament, 110
— — the Law, 16, 23, 32, 108, 185, **311–336**
— — — medical practitioner, 21
— — wrongful accusations, 254, 257, 335
— Borderline of, 32, 35
— Case of surgical cure of, 177
— caused by alcoholism, 43, 109, **123–130**
— — — bodily conditions, **131–140**
— — — brain-injury, 138, **176–184**
— — — — tumours, 138, 176, 183
— — — ear-disease, 182
— — — educational over-pressure, 113, 153
— — — epilepsy, 293
— — — febrile diseases, 139
— — — heatstroke, 137
— — — hereditary disposition, **93–106**, 202, 203, 204
— — — improper feeding, 139
— — — inebriety, 43, 109, **123–130**
— — — mental and moral conditions, **107–122**
— — — overstrain, 113, 115, 116, 153
— — — struggle for existence, 111, 114
— — — sunstroke, 138
— — — surgical operations, 138
— — — syphilis, 137, 260, 269
Insanity caused by toxins, 20, 75, 116, **131–140**, 176
— — — worry, 115, 118, 119, 164, 284
— Character changes in, 36, 38, **41–90**
— Choreic, 291
— Circular, **245–249**
— Classification of, 212
— Contagion of, 122, 187
— Danger of recurrent, 200
— Defence on the ground of, 314, 316, 335
— Definition of, 36, 40
— Diagnosis of, **31–40**
— Difference between medical and legal, 32, 316
— — — sanity and, 35, **70–74**
— Epileptic, 44, 45, 64, 69, 86, **293–296**
— Exciting causes of, 140
— First signs of, **31–40**
— following childbirth, 286
— General signs of, 31
— Hallucinations in, **62–65**, 76, 133, 222, 229, 237, 252, 276, 277, 279, 282, 284, 286, 287, 290, 291, 292, 295, 330
— Homicidal, 229, 254, 256, 296, 325, 326, 328
— Illusions in, 65, 76, 229, 237
— in women, 53, 137, 243, **285–289**, 324, 326
— Hereditary disposition to, **93–106**, 202, 203, 204
— Importance of bodily symptoms in, 37
— Increase in, **107–122**
— Liability of various occupations to, 115
— Manic-depressive, **245–249**, 335
— Moral treatment of, **160–175**
— of the lactational period, 287
— Periodic attacks of, **245–249**
— Predisposing causes of, **93–106**, 140, 202, 203, 204
— Prevention of, **141–210**
— Psycho-therapeutics of, **160–175**
— Speech in, 39, 46, 47, 69, 79, 225, 226, 228, 230, 234, 238, 247, 262, 265, 274, 275, 283, 286, 287, 298, 299, 300
— Statistics of, 25, 31, 107, 112, 119, 310, 329, 333
— Surgical treatment of, **176–184**
— Toxic, 20, **131–140**, 176
— Treatment of, 15, 20, **141–210**

Instruction of feeble-minded, 207
Intellect and frontal lobes, 149, 181
— — the legal view of insanity, 320
— Disorders of, 37, 46, **62–78**, 82, 87, 144, 170, **179–182**, 213, 222, 225, 228, 234, 248, 251, 254, 260, 264, 266, 267, 268, 274, 278, 281, 283, 287, 293, 305, 320
— in alcoholic insanity, 274, 278
— — cocaine intoxication, 283
— — dementia, 69
— — — præcox, 69, 264
— — epileptic insanity, 69, 293
— — feeble-mindedness, 302
— — general paralysis, 260
— — head-injury, **179–182**
— — idiocy, 69, 298
— — imbecility, 69, 299
— — mania, 225
— — manic-depressive insanity, 248
— — melancholia, 234
— — moral weak-mindedness, 305
— — neurasthenia, 213
— — opium intoxication, 281
— — paranoia, 251, 254, 256
— — primary dementia, 266
— — puerperal insanity, 287
— — senile dementia, 268
Intellectual overwork and insanity, 114, 159
Intoxication and insanity, 20, 75, 116, **131–140**, 176
— by alcohol, Symptoms of, 43, **273–280**
— — cocaine, Symptoms of, **283–284**
— — opium, Symptoms of, 67, 83, **281–283**
Irascibility in different forms of insanity, 39, **43–45**, 134, 182, 214, 221, 224, 226, 227, 229, 253, 257, 261, 265, 270, 274, 279, 294
Irascible insanity after head injury, 180, 182
Irresolution and insanity, 214, 218, 220, 233, 264, 267, 278, 284, 305

Jealousy, 60, 280, 284, 286, 289
— in alcoholism, 60, 280
— — climacterium, 60, 289
— — cocaine poisoning, 284
— — pregnancy, 286

Kidney disease, Mental disturbance in, 136
Kleptomania, 51, 52, 53, 182, 219, 324
Kleptomaniacs distinguished from thieves, 52, 324

Lactational insanity, 287
Laughter, Silly, 265, 270, 274, 298
Legal insanity, 16, 23, 32, 108, 185, **311–336**
Legislation *re* feeble-minded, 210, 332
Liars, Pathological, 306, 334
Litigations, Foolish, 256, 335
Localisation of brain-function, 146, **180–182**
London County Council's Reception House for Insane, 108, 191
Loquacity, 39, 69, 80, 225, 226, 230, 238, 247, 274, 283, 286
Love and insanity, 55, 248, 255, 269, 289
— of life, 42
— — praise, Morbid manifestation of, 58
Lucid intervals, Testamentary capacity in, 272
Lunacy, Stigma of, 18, 120
— Commission, 16, 21, 25
— Laws, 16, 23, 32, 108, 185, **316–320**

Mania, 45, 53, 57, 64, 68, 69, 77, 78, 80, 81, **225–230**, 247, 286, 294, 325
— Alcoholic, 43, 44, 47, 49, 273, 280, 325, 330
— Homicidal, 325, 328
— in childhood, 291
— — old age, 270
— Periodic, 245
— Questioning, 73
— Violent, 45, 230, 263
Manic-depressive insanity, **245–249**, 335
Manslaughter and insanity, 325
Married life and insanity, 118
Marriage restriction of insane, **199–206**
Medico-legal cases, 318, 319, 326
Melancholia, 45, 47, 49, 57, 59, 60, 64, 68, 69, 72, 77, 79, 81, 119, 182, **231–240**, 243, 268, 270, 321, 325, 335
— Agitated form of, 45, 239
— Chronic, 240

Melancholia, Hypochondriacal, 238
— in childhood, 291, 294
— Periodic, 245
— Psycho-therapeutics of, 166
— with delusions, 236
— — stupor, 239
Melancholic depression in old age, 270
— — — pregnancy, 286
— state of manic-depressive insanity, 246
Memory defects and testamentary capacity, 272
— Disorders of, 66, 67, 180, 226, 262, 264, 267, 269, 278, 288, 299
Menstruation, Mental disturbance in, 285
Mental affections of childhood, 109, 223, **290–310**
— changes in climacterium, 43, 54, 61, **287–289**, 324
— — — pregnancy, 54, 64, 286, 326
— Defect Bill, 210, 332
— depression, States of, 55, 77, 228, **231–244**, 246, 262, 268, 270
— discipline, **152–159**
— disorder, General signs of, 31
— disorders due to intoxication, **273–284**
— — — — toxines, **131–140**
— — of childhood, 109, 223, **290–310**
— — — old age, 53, 55, 67, 109, 243, **268–271**, 324
— — peculiar to women, 53, 137, 273, **285–289**, 324, 326
— disturbances in abdominal complaints, 136
— — — chest complaints, 136
— — — diabetes, 134
— — — disordered menstruation, 285
— — — exophthalmic goître, 135
— — — gout, 134
— — — heart-affections, 136
— — — influenza, 134
— — — kidney-disease, 136
— — — myxœdema, 135
— — — pneumonia, 134
— — — typhoid fever, 133
— enfeeblement, States of, **260–272**
— exaltation, States of, 37, 59, 77, 78, 182, **225–230**, 248, 254, 255, 261, 263, 266
— functions of the brain, 140, **143–151**, 180, 212
Mental symptoms of alcoholic insanity, 43, 44, 47, 49, **273–280**, 325, 330
— — — climacterium, 43, 54, 61, **287–289**, 324
— — — cocaine intoxication, **283–284**
— — — dementia præcox, 44, 57, 69, 77, 79, 86, **263–266**
— — — epileptic insanity, 44, 45, 52, 64, 69, 86, **293–296**, 322, 326
— — — general paralysis, 43, 44, 45, 47, 54, 55, 57, 59, 67, 77, 81, 83, 243, 255, **260–263**, 324
— — — hypomania, 15, 43, 44, 47, 55, 57, 58, 69, 78, 80, **225–228**, 274, 321, 322, 324, 335
— — — hysteria, 44, 49, 52, 55, 64, 72, 82, **220–224**, 324
— — — mania, 45, 53, 57, 64, 68, 69, 77, 78, 80, 81, **225–230**, 247, 286, 294, 325
— — — manic-depressive insanity, **245–249**, 325
— — — melancholia, 45, 47, 49, 57, 59, 60, 64, 68, 69, 72, 77, 79, 81, 119, 182, **231–240**, 243, 268, 270, 321, 325, 335
— — — neurasthenia, 43, 44, 49, 70, 71, 72, **213–219**, 243, 322, 324
— — — opium intoxication, 67, 83, **281–283**
— — — paranoia, 47, 55, 57, 59, 65, 72, 77, 78, 79, 81, 86, **250–259**, 265, 321, 325, 326, 335
— — — primary dementia, **266–268**
— — — puerperal insanity, 54, 64, 286, 326
— — — secondary dementia, 90, 230, 256, 267, 280
— — — senile insanity, 53, 55, 67, 109, 243, **268–271**, 324
Microcephalic idiocy, Surgical treatment of, 182
Mind and character, analysis of, **40–90**
Miserly feeling, 50
Moral nature, Disorders of, 82, 83, 84, 223, 248, 261, 263, 268, 278, 282, 306
— treatment of insanity, **160–175**
— weak-mindedness, 53, 272, **305–310**, 321, 324, 333, 334
Morbid fears, 47, 48, 49, 70, 71, 133, 136, 163, 214, 216, 231, 233, 237, 246, 276, 282, 287, 290

Murder and insanity, 229, 254, 256, 296, 325, 326, 328
Myxœdema, Mental disturbances in, 135

Nervous children, 154
— exhaustion, Mental symptoms of, 43, 44, 49, 70, 71, 72, **213–219**, 243, 322, 324
Nervousness, 110
Neurasthenia, Mental symptoms of, 43, 44, 49, 70, 71, 72, **213–219**, 243, 322, 324
Neuropathic disposition, 99, 101, 103, 110
Night terrors, 292
Nightmares, 293
Nursing of the insane, 21, 23, 174, 189
Nymphomania, 54

Observation Clinics for insane, 16, 194
Obsessions, 48, 71, 72, 214, 326
— How to overcome, 157
— in childhood, 290
Occult ideas in insane, 86, 238, 252, 253, 254, 265
Occupation for the insane, 171
Occupations, Liability to insanity of different, 109, 115
Old age, Mental disorders of, 53, 55, 67, 109, 243, **268–271**, 324
— — Prevention of insanity in, 159
Opium intoxication, Mental symptoms of, 67, 83, **281–283**
Over-sensitiveness, 34, 38

Paranoia, 47, 55, 57, 59, 65, 72, 77, 78, 79, 81, 86, **250–259**, 265, 321, 325, 326, 335
Paranoiacs and crime, 254, 256, 321, 325, 326
— — litigations, 335
— False accusations by, 254, 257, 335
— Political, 256, 326
Parental love, Morbid manifestation of, 55
Parkhurst Convict Prison and weak-minded criminals, 332
Pathological liars, 306, 334
Pauper patients, Difficulties in the treatment of, 17
Perception, Disorders of, **62–66**
Periodic attacks of insanity, **245–249**
Periodic mania, 245
— melancholia, 245
Persecution, Delusions of, 45, 47, 64, 77, 78, 134, 136, 243, **250–259**, 263, 270, 272, 277, 279, 282, 283, 287
Personality, Alteration of, 77, 222
Phobias, 70, **215–217**
— in childhood, 291
Physical signs, Importance of, 37
— — of alcoholic insanity, 275, 276, 279
— — — cocaine intoxication, 283
— — — general paralysis, 262, 263
— — — hysteria, 222
— — — lactational insanity, 287
— — — mania, 229
— — — manic-depressive insanity, 248
— — — melancholia, 232, 234, 239, 240
— — — neurasthenia, 214
— — — opium intoxication, 282, 283
— — — paranoia, 252
— — — primary dementia, 268
Pneumonia, Mental disturbances in, 134
Poison in food, Delusion of, 43, 64, 237, 252, 268, 287
Political paranoiacs, 256, 326
Prayer, Effect of, 85
Precocious children, 153
Predisposing causes of insanity, **93–106**, 140, 202, 203, 204
Pregnancy, Mental disorders occurring in, 52, 53, 285, 324
Premature mental weakness, 44, 57, 69, 77, 79, 86, **263–266**
Preservation of the individual, 42
— — — species, 54
Prevention of insanity, **141–210**
Primary dementia, **266–268**
Private asylums, 24
— care, Treatment of insane in, **185–198**
— treatment, Difficulties of, 17, 21
— — of insane, 17, 21, **160–175**, 195
Progressive insanity with systematised delusions, 47, 57, 59, 65, 72, 77, 78, 79, 81, 86, **250–259**, 265, 321, 325, 326, 335
Psychical blindness, 234
Psychological analysis, 41
Psychopathic disposition, 99, 101, 103, 110

Psycho-therapeutics of insanity, **160–175**
Puerperal insanity, 56, 64, 286, 326

Questioning mania, 73

Reason, Disorders of, 68
Reception Houses for insane, 108, 191
Recurrent insanity, Dangers of, 200
Refusal of food, 43, 64, 237, 252, 268, 287
Religious sentiments, Disorders of, 85, 182, 234, 254, 264, 265, 270, 293
Remorse, Absence of, 254, 307, 312
Responsibility of insane, 314, 316
— — physicians in treating insane, 17
Royal Commission on the Care and Control of the Feeble-minded, 26, 208, 310

Sanity and insanity, Demarcation of, 33
— Standard of, 36, 70, 74
Satyriasis, 54
Scotland, Treatment of insane in, 27, 190, 196
Secondary dementia, 90, 230, 256, 267, 280
Segregation of insane and feeble-minded, **207–210**
Self-accusations, 83, **235–236**, 247
Self-assurance, 58, 227, 248, 261, 274, 303
Self-control, 32, 34, 35, 49, 156, 203, 307, 308, 313, 317, 321
Self-esteem, Diseased manifestations of, 35, **58–59**, 226, 236, 251, 255, 303
Self-introspection and insanity, 34, 60
Self-preservation, 42, 241
Senile dementia, Mental symptoms of, 53, 55, 67, 109, 243, **268–271**, 324
Sensitiveness, Extreme, 34, 38, 59, 231, 251
Sex and insanity, 109, 232
Sexual propensity, Morbid manifestations of, 54, 55, 137, 262, 265, 279, 289, 324
Shyness and insanity, 59
Sight, Hallucinations of, 64, 76, 237, 276, 279, 282, 284, 287, 291, 292, 295
Single care of patient, 17, **160–175**
Skull relation to brain, 151
Smell, Hallucinations of, 64, 252, 277
Social affections, Morbid manifestation of, 56, 57, 227, 228, 229, 234, 248, 262, 265, 269, 286, 293, 298, 301
Speech in insanity, 39, 46, 47, 69, 79, 225, 226, 230, 234, 238, 247, 262, 265, 274, 275, 283, 286, 287, 298, 299, 300
Spiritual feeling, Disorders of, 85, 182, 234, 254, 264, 265, 293
Statistics of Feeble-minded, 31, 310, 333
— — Insane, 25, 31, 107, 112, 119, 329
Sterilisation of insane, 206
Stigma of lunacy, 18, 120
Stupor, 239, 247, 268, 287
Suggestion, Treatment by, **160–175**, 224
Suicide, 42, 48, 218, 235, **240–245**, 270, 287, 289
Sunstroke and insanity, 138
Surgical operations, Insanity after, 138
— treatment of idiocy, 182
— — — insanity, **176–184**
Suspicion, **45–47**, 64, 77, 78, 134, 136, **250–259**, 263, 270, 272, 277, 279, 282, 283, 287
— in alcoholism, 47, 279, 284
— — cocaine intoxication, 282
— — dementia præcox, 77, 78, **263–266**
— — lactational insanity, 287
— — melancholia, 47, 64
— — paranoia, 47, 250, 252
— — senile dementia, 270
Symptoms, Importance of bodily, 37
— of hysteria, 44, 49, 52, 55, 64, 72, 82, **220–224**, 324
— — neurasthenia, 43, 44, 49, 70, 71, 72, 213, 219, 243, 322, 324
Syphilis and insanity, 137, 260, 269

Taciturnity, 69, 79, 234, 238, 247, 265
Taste, Hallucinations of, 64, 237, 252, 277

Temper, Bad, 39, **43–45**, 134, 154, 182, 214, 221, 224, 226, 227, 229, 253, 257, 261, 265, 270, 274, 279, 294
Temperament and insanity, 110
Temporary insanity, Treatment of, 20
Testamentary capacity, 249, **271–272**, 305
Tetany, 239
Thieving, 51, 52, 53, 182, 219, 309, 324
Thought, Rapidity of, 68, 69, 225
Toxic insanity, 20, 75, 116, **131–140**, 176
Travelling for insane patients, 165
Treatment in asylums, **15–27**, 186
—— private care, **185–198**
— mental and moral, **160–175**
— of children of insane, 104, 152, 192
—— delusions, 164
—— insane a century ago, 15
—— —— in Scotland, 27, 190, 196
—— insanity, 15, 20, **141–210**
—— pauper patients, Difficulties in, 17
— Private, 17, 21, **160–175**, 195
— Surgical, **176–184**
Typhoid fever, Mental disturbances in, 133

Undue influence in making wills, 271, 305
Untidiness, 233, 247, 268, 269, 301
Unworthiness, Feeling of, 59, 235

Veneration, Feeling of, 84
Verbosity in insanity, 39, 69, 80, 225, 226, 230, 238, 247, 274, 283, 286
Vivacity, Excessive, 226, 247, 261, 274
Visual hallucinations, 64, 76, 237, 276, 279, 282, 284, 287, 291, 292, 295
Voices heard, 64, 65, 76, 252, 295, 330
Voluntary boarders in asylums, 16, 17

Weak-mindedness and crime, 53, 307, 324, **331–334**
—— testamentary capacity, 272, 305
— Moral, 53, 272, **305–310**, 321, 324, 333, 334
Will-making by insane, 249, **271–272**, 305
Will power, Defective, 214, 218, 220, 233, 264, 267, 278, 284, 305
Wit, Excessive, 226
Women, Causes of insanity in, 137
— Disposition to insanity of, 109, 232
— Mental disorders peculiar to, 53, 137, 243, **285–289**, 324, 326
Wonder, Feeling of, 84
Worry and insanity, 115, 118, 119, 164, 284

PRINTED BY
HAZELL, WATSON AND VINEY, LD.,
LONDON AND AYLESBURY.

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL LIBRARY

THIS BOOK IS DUE ON THE LAST DATE
STAMPED BELOW